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JPRS Report

Epidemiology

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JPRS-TEP-89-012

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INTER-AFRICAN AFFAIRS

Drug Epidemic Seen as New Threat to Africa *54000080 Cotonou EHUZU in French 25 Apr 89 p 5*

[Article by Serge Mathias Tomondji]

[Text] From cannabis and hashish to opium, heroin, cocaine and crack, drugs in this day and age are a danger—a threat—to Africa.

It is important to combine efforts to eradicate this scourge, which is gaining ground on our continent.

The fight against narcotics in our country is a continuous task being worked at by all officials concerned with the problem. The special cooperation between German and Beninese police and the drug seizures by the Narcotics Squad are eloquent illustrations of the fact that both sides are aware of this scourge.

Beninese remember the police haul that resulted in the seizure of 107 kilograms of drugs and a large ring of traffickers. That was on 11 October 1988. But as far back as 15 June, 11 kilograms of Indian hemp had been discovered by the Public Security Forces in an apartment belonging to a 31-year-old tile layer. Those seizures are very modest when one considers the extent of drug trafficking by various international rings.

Not long ago, a Nigerian was arrested by narcotics police at the Port-Bouet Airport in Ivory Coast with 1.4 kilograms of pure cocaine worth 44 million CFA francs in his possession. And 690 kilograms of Indian hemp were seized by police in Douala, Cameroon. All those events show us that there is a fresh upsurge of the drug traffic in Africa. There is no doubt that this phenomenon constitutes one more misfortune and a considerable danger for Africa, which is already having to face the problems of famine and internal warfare on the continent.

In French airports, a particularly close watch is kept on Africans and especially Nigerians, who regrettably have become famous in the art of drug trafficking. Nowadays, African smugglers are past masters in the art of "moving" drugs from one point on the planet to another; they have nothing to learn from their European or South American "forerunners." Several Africans have been arrested in France (mainly at the Roissy and Orly Airports) with a few kilograms of dope. This is due to the fact that the means of combating them are in a very embryonic stage. They therefore find it easy to organize networks. It is estimated that 100 kilograms of heroin were seized from Nigerian nationals in 1985, compared to 30 kilograms in 1984. According to an official in the Central Office for Repression of the Illicit Narcotics Traffic (OCRTIS), "most of the heroin entering France comes through Lagos," where a number of smugglers reside. The drug, most of which comes from India, Pakistan, or the Golden Triangle (Thailand, Burma, and

Laos), is secretly repackaged in Nigeria into 100-kilogram or 200-kilogram bags which smugglers then undertake to "move" in exchange for the payment of 50,000 or 100,000 CFA francs.

Nigeria is not the only place where drug trafficking goes on. Abidjan and Lome are following in Lagos' footsteps and also sending smugglers to Paris, Geneva, Rome, and elsewhere. It should be noted that the traffickers manage to secure the complicity of deputies, diplomats, and other influential people in escaping vigilance and even inspection by police and customs. According to Interpol, 40 kilograms of opium, 87 kilograms of heroin, 787 kilograms of cannabis, and 400,000 tablets of psychotropic substances were seized from African diplomats and military all over the world in 1985 and 1986.

Senegal and Ivory Coast in Antidrug Struggle

In Senegal, a dose of 1 gram of heroin costs 30,000 CFA francs, the equivalent of the minimum wage. The lure of gain has thus led several criminal gangs to take up that kind of trafficking. The dismantling of those rings has brought to light, among other examples, a gang made up of Senegalese, Ghanaians, Lebanese, and—to put the icing on the cake—business executives, hotel managers, and people above all suspicion. But what is more disturbing is the destructive effect of certain drugs such as barbiturates, amphetamines, LSD, and so on, which affect the nervous system and lungs, cause people to take leave of their senses, and in some cases even lead to madness. As an example, the court in Thies last year sentenced a drug addict who had beaten his own mother in an exceptionally violent manner and then grabbed an iron bar with which to maul his own family. In response to the extent of the phenomenon, legal authorities in Senegal have stiffened the penalties: traffickers are now subject to imprisonment for from 2 to 10 years and a fine of up to 500,000 CFA francs. It is nonetheless essential to stress permanent vigilance, because Dakar, with its reputation for being a hub of international trafficking, is not far from becoming a city of drug addicts.

In Ivory Coast, the establishment in 1981 of the Police Directorate for Narcotics and Drugs (DPSD), which works in cooperation with the Gendarmerie, the police, Customs, and the Ministry of Water and Forest Resources, has made it possible to reduce drug trafficking. Seizures of cannabis, which is grown in that country, have stabilized at around 1,800 kilograms per year over the past 3 years. The number of planted fields dropped from 13 in 1984 to 8 in 1985, 4 in 1986, and 1 in 1987. In 1985, police seized 16 kilograms of heroin and 8 kilograms of cocaine. In 1987, the figures were 2.3 kilograms of heroin and 2 grams of cocaine. The number of tablets of psychotropic substances has dropped from 600,000 in 1985 to 200,000 over the past 3 years. The general trend in drug trafficking is therefore down in Ivory Coast thanks to three forms of action carried out by the CILAD (Ivorian Committee for Combating Drug

Abuse): prevention, drug rehabilitation, and the repression of traffickers and consumers. It should also be noted that a real campaign for informing and educating the population with the help of the schools and the mass media has been undertaken. International cooperation (notably with Interpol and the UN Fund for Combating Drug Abuse), the upcoming establishment of regional DPSD branches, and the establishment of a brigade of "drug-sniffing dogs" should result in an intensification of the fight against drug trafficking and "slow down the appetites of lovers of easy money in Ivory Coast."

Coca Planted in Africa by Missionaries

Coca, the plant whose leaves yield cocaine, grew in Africa in the late 19th and early 20th centuries. It was the French missionary fathers coming to bring the Gospel who were the gardeners. A few coca seeds in their suitcases were enough to start plantations in Gabon, Congo, Togo, Nigeria, Cameroon, Ghana, Guinea, and elsewhere.

It was a French chemist, Angelo Mariani, who in 1863 invented a coca-based wine that was supposed to give strength and long life. "Grass" is found everywhere under various names: "gue" in Benin and Togo, "yamba" or "lopito" in Senegal, "nguedj" in Ivory Coast, "kif" in the Maghreb, and so on. Cannabis is a favorite with students who are trying to keep up the pace during examinations as well as with all those who think they need a stimulant in order to function or to "forget their worries."

As a component of underdevelopment and a source of income, cannabis is grown both for consumption and for export.

Are there solutions that will bury this new threat to Africa for good? Awareness, repression, and education are not enough in themselves. The ideal would be to combat the evil at its root—that is, by managing to convince all the peasants who grow this crop that "cannabis is not the crop of the future."

MAURITIUS

AIDS Cases Reported Low

34190233z Por: Louis LE MAURICIEN in French
21 Apr 89 p 9

[Article by D. Dhoocharika: "AIDS Prevalence Rate Still Low in Mauritius"]

[Text] "Mauritius is in a privileged position, for the prevalence rate of AIDS is still low. But that doesn't mean we should lean back and relax. We must continue

to educate the population on the risks of sexually transmitted diseases, including AIDS." That was the statement made Wednesday by the minister of health, Mr Jugdish Goburdhun, at the opening of a seminar on AIDS in the MIE [expansion unknown] conference room.

At the outset, Mr Jugdish Goburdhun declared that the risk of being infected with the AIDS virus still exists in Mauritius, since we are a tourist country. According to him, programs to monitor and prevent AIDS by stressing a country-wide informational and educational campaign will have to be established.

"The best weapon against AIDS is health education. We are going to pursue our national educational campaign with the help of WHO experts and a medical team to monitor AIDS," he said.

The health minister believes the people's participation and better dissemination of information across the country would help control sexually transmitted diseases.

Medical personnel and members of the public are taking part in this seminar presided by Dr Chan Kam, dermatologist and project manager of the anti-AIDS program.

MOZAMBIQUE

Spread of Measles Worries Nampula Governor

54000079c Maputo NOTICIAS in Portuguese
21 Apr 89 p 1

[Text] A measles epidemic has already caused the death of tens of citizens in the districts of Moma and Morrumpula in Nampula Province. According to the governor of the province, Jacob Jeremias Nyambir, many of the victims are persons who spent much time in the hands of the bandits and were liberated by our forces or by the apparently humanitarian initiative of the bandits themselves. In Morrumpula, at least 18 persons died as of the end of the month, while in the other district, the number of victims has not yet been determined.

Meanwhile, the governor of the province acknowledges that other districts, such as Ribaue and Maiema, that is, those bordering north Zambezia Province, may also be suffering the effects of the disease.

As far as is known, before the measles epidemic expanded to the districts that separate the provinces of Nampula and Zambezia, it had already caused tens of deaths in the Upper Zambeze, thus the fear of the Nampula Province government authorities of the possible expansion of that disease to other as yet unidentified regions.

In the districts where the disease has already been detected, a large number of the people [affected], especially young children, are people who were held captive by the armed bandits and who were either liberated by

our forces in the course of military operations or managed to get away from the bandits themselves, or else the bandits themselves decided to liberate so many people at one time owing to the serious food crisis.

According to the governor of Nampula Province, the measles epidemic in the zones cited is also affecting a good number of people who had remained under the control of the district government until that time, owing to contact with the affected people.

To illustrate the seriousness of the situation, our interviewee pointed out that, in Moma District alone (south of Nampula Province), from the end of last year to the end of the first 2 months of this year, more than 25,000 citizens have been freed from the captivity of the armed bandits—the majority of those people with weakened bellies due to hunger. Some of them are carriers of the most varied types of disease.

Although vaccines against the disease are being administered to persons whom it is possible to reach in terms of security, the truth is that the death rate due to measles has not stabilized.

In terms of existing and updated information, the provincial government is not in a position to determine the exact situation, both as to the evolution of the disease and its degree of stabilization, due in large measure to deficiencies in the channels of information.

There are no communications channels in any of the districts of Nampula Province, either by radio, telephone, or mail service and, according to the governor of the province, the people are not accustomed to using couriers, so that a situation such as the case of measles becomes known only after it has claimed a large number of victims.

As an example, Jacob Jeremias Nyambir said that the bridge over the Lalaua River collapsed on the 3d of last month but the provincial government did not learn of the incident until the 23d, that is, 20 days later.

This means that the delayed arrival of the information may have affected 45,000 persons who inhabit the zone. Another example cited by our source pertained to the specter of hunger that has already decimated nearly 5,400 persons in Memba district.

According to Governor Jacob Nyambir, the Catholic priests who operate in the zone presented the situation in terms of numbers of hunger victims on 10 February, but it did not come to the attention of the province until 2 weeks later, exactly the 25th of the same month.

This means that the information channel does not function, and even some of the persons who carry in the information do not have the necessary awareness and breadth that will enable them to evaluate the impact of a

given piece of information in their possession, or what its repercussion may be, said a source connected with the Department of Natural Disasters at the provincial level.

Meanwhile, it is feared that other types of diseases, while not fatal, may be affecting other tens of persons owing to the difficulty of access to certain regions of the province as a consequence of the armed bandits.

TB Treatment Extended to More Provinces

54000079b Maputo NOTICIAS in Portuguese
21 Apr 89 p 3

[Text] The treatment of tuberculosis through the use of the short-duration system is going to be extended this year to another 10 districts of the various provinces of the country. That fact was announced in Maputo recently at the end of the National Seminar on Tuberculosis which, for a period of a week analyzed the work carried out in the past year in the framework of the tuberculosis control program and studied ways of extending the use of the short-duration treatment to the rural zones.

Speaking at the closing session, Dr Martinho Djedje pointed out that, with the introduction of the use of the short-duration treatment, beginning the latter half of this year, in the aforementioned districts there will be the possibility of greater supervision of the patients, particularly those who are in the displaced centers. He considered that, as a result of the application of that system in some health units, there already has been a 12 percent reduction in the number of abandonments throughout the country.

In a communique presented at the end of the meeting, the provincial supervisors maintained that these results could improve more if that extension of the use of the treatment to the rural zones were accompanied by intense education work among the patients and the community in general, as well as among the health workers themselves.

Speaking at the opening session of the meeting, the national director of health referred to the need for health agents in the sanitation units first to overcome some traditional prejudices—to the effect that tuberculosis is incurable—and to be able to explain to the patients and to convince them of the possibility of treating the disease when the advance of the doctors is strictly followed.

Discussing the work carried out during the past year in the area of the National Tuberculosis Control Program, the document presented on that occasion stated that generally satisfactory results were achieved notwithstanding some difficulties in its execution.

Prominent among the difficulties indicated are the lack of access to some districts due to the criminal actions of the armed bandits, the limited diagnostic capability, and some of the laboratories of the health units, among others.

The National Tuberculosis Control Program has been in place in our country since 1985 and has the financial support of the Norwegian International Development Agency (NORAD), which makes available annually 7 million kroner, about \$1 million.

During the closing session, the tuberculosis provincial supervisors paid tribute to Dr Liisa Parkkali, a Norwegian consultant in the program, for the work she has been carrying out in our country.

On that occasion, she considered the program now being conducted in Mozambique to be one of the best in Africa that is being financed by NORAD.

Cholera Kills 112 in Benguela Province
54000079a Maputo NOTICIAS in Portuguese
20 Apr 89 p 5

[Text] The ANGOP News Agency reported yesterday that cholera has killed 112 persons in Benguela Province as of 11 April, out of a total of 2,023 persons afflicted with the disease.

Citing sources it termed reliable, the agency reported that Benguela Municipality has the greatest incidence of persons afflicted with the disease, about 1,515 cases, 59 of whom have died.

The zones of that municipality most affected include the surrounding districts, owing to inadequate health conditions.

This new outbreak of cholera is affecting the municipalities of Benguela, Lobito, Baia Farta, and Cubal, as well as Catumbela commune.

NIGERIA

Guinea-Worm Disease Ravages Several States
54000081 Ikeja NEWSWATCH in English
1 May 89 pp 17-18

[Article by Bala Dan Abu and Abdulrazaq Magaji]

[Text] Sumaila Usman, 42, a prominent farmer and former politician, lives in Tungan Mallam village in Niger State. Oba Ayinde, 30, son of a popular farmer, lives in Bayegun village in Ifelodun local government area of Kwara State. Both men, complete strangers to each other and living hundreds of miles apart, are agonizing over a common problem: the fear that they may never be able to walk properly again as a result of guinea-worm attacks. Usman is nursing multiple wounds from guinea-worm attack and runs the risk of being

paralyzed unless urgent medical help gets to him. Ayinde is already partially paralyzed as a result of guinea-worm affliction but hopes to recover and walk well again.

The fate of these two is the fate of many people in nearly all the states of the federation. Among most rural communities, the pain of guinea-worm affliction is palpable, with the risk of contacting the disease looming even larger by the day due to declining access to good drinking water.

Nigeria is inexorably emerging as the worst example of a guinea-worm ravaged country in the world. Two years ago, the World Health Organization, WHO, in a report on the state of guinea-worm in the world, labelled Nigeria as the "world's headquarters" of the disease. It was not for the fun of it. Out of the world's 140 million victims, Nigeria accounts for three million (about 2 percent), the highest by any single country.

In Kwara State, all the 12 local governments have cases of guinea-worm with Asa, Moro, Ifelodun, Borgu and Oyin sporting the highest records. In Bayegun, NEWSWATCH learnt during a visit that almost half of the village's more than 1,000 inhabitants are victims. Out of the 139 towns and villages in Oyin, only 19 are guinea-worm free. The rest have sordid tales about the menace of the disease to tell.

Cross River State is another guinea-worm zone. About 5,000 villagers were reported early this year to have fled their homes in north and south Ukelle in Ogoja local government. The villagers, according to a report in the January 24 edition of Daily Champion, had to leave when it dawned on them that their only source of drinking water was contaminated with guinea-worm larvae-carrying fleas. The paper also reported that "several hundreds of indigenous, including children," had contacted the disease before the people fled the villages.

The experience with the disease in other states is no less discomfiting. Niger State's 15,000 guinea-worm victims are distributed unevenly in 150 villages. This means that a substantial part of the state is guinea-worm infested zone. Of the 24 local governments in Oyo, only Ilesha and Oshogbo are relatively free. The Sokoto State's case is more serious. In 1987, several villages in Maguru district had to abandon their homes due to widespread attacks. In Benue State, where the disease began to attract attention in 1982, figures of victims had steadily grown from 2,000 in that year to 6,000 in 1983 and 10,000 last year. Ondo, Anambra and Imo states have the highest concentration of guinea-worm victims. They jointly account for about 75 percent of the country's three million victims, according to experts on the disease.

The common problem in most of the guinea-worm afflicted zones in the country is the absence of good drinking water. In most of these villages, ponds and

streams are the only source of water for the people. Guinea-worm, according to experts, is spread by water fleas which contain guinea-worm larvae called cyclopes. The larvae are introduced into the human body through contaminated water taken orally. The larvae later develop into long tape-like worms. Affected patients suffer from blisters, usually in the legs, as well as fever and weakness of the body.

Guinea-worm has not only left in its trail permanent scars on its numerous victims across the country and disabled many, effort to contain it has also inflicted deadly wounds on the treasury of some states. Anambra is the highest investor in the crusade to eradicate the disease. Between 1985 and last year, the state spent six million naira on the control of the disease. Part of the money was provided by non-governmental agencies. However, its achievement falls far below the huge financial commitment. The state is still plagued with the disease. Niger State spent more than a million naira last year on its programme for the eradication of the disease in the state. The vote was increased to three million naira in the present budget. Musa Inuwa, the state's commissioner for health who spoke to NEWS-WATCH, said public enlightenment was a critical aspect of the eradication programme and would be given deserved attention.

Akwa Ibom State, which now has very little guinea-worm problems, also voted N40,000 last year for the sustenance of public enlightenment programme and for the training of para-medical staff to assist victims. Jones Etuk, chief medical officer and chairman of the guinea-worm eradication committee in the state, told NEWS-WATCH that the committee "will not rest on its oars since several of its neighboring states are still grappling with the disease." Oyo State spent N60,000 on the eradication programme last year and there are indications that it would spend more this year.

Last year, the federal government, apparently alarmed by the growing cases of guinea-worm in the country, launched a programme aimed at completely eradicating the disease. Under the programme, the government is to assist affected states to eradicate it by 1995. Last year, the federal ministry of health provided N30,000 to Benue, Kano, Ogun, Oyo and Rivers states to fight the disease. In addition to direct federal government spending under its programme of guinea-worm eradication, it has received both moral and financial support from some concerned international agencies to enhance the battle to contain the disease. In 1988, the Japanese government, through the Japanese International Cooperation Agency, JICA, donated N20 million to Nigeria in support of the "war against guinea-worm." In addition, JICA is to continue support with annual financial contributions until the disease is finally wiped out.

Other international bodies that have pledged to assist Nigeria are the Rotary Foundation; Bank of Credit and Commerce International, BCCI; Sasakawa/Global

2,000, an international voluntary organization jointly set up by Jimmy Carter, former American president, and Ryoichi Sasakawa, a Japanese shipping magnate; and United Nations International Children Emergency Fund, UNICEF. Carter visited Nigeria early last year to assess Nigeria's critical areas of need in the guinea-worm eradication programme.

Even as the nation addressed the issue of guinea-worm eradication through financial assistance to affected states, victims in most of the villages visited by NEWS-WATCH in the past two weeks continued to be denied modern medical attention. In most places, the complaints were the same: lack of medical facilities. In Kwara, Oyo and Ogun states, there were no government medical teams to attend to victims. Most of the victims were seen applying palm oil, one of the few known local treatments believed to be effective in inducing the worms out of the victim's body.

Given the level of internal and external concern that Nigeria's guinea-worm problem has generated and the amount of external assistance promised, there are hopes that the country may one day become free of the disease. What is not certain is the extent to which the 1995 date will be realistic. There are fears even among officials of the National Committee on Eradication of Guinea-Worm, NIGEP, that the rural populace might have to cope with guinea-worm beyond 1995. The pessimism is borne out of the cost of providing good drinking water to Nigeria's vast rural areas as well as the urban centers where pipe-borne water facilities have steadily declined in the past 10 years.

Lola Sadiq, national coordinator of NIGEP, last November, painted a graphic picture of the enormity of work that has to be done before the eradication of guinea-worm could be achieved. She said eradication through the provision of potable water was capital intensive and "government alone cannot bear the cost." She argued that it would cost the government a fortune to lay pipes from Iju water works to places like Maroko and Aje-gunle, for example, and that the cost of the venture would be unimaginable if it is to be extended to cover the entire country.

Much of the optimism about the 1995 date is built on the rural water programme under the Directorate of Food, Roads and Rural Infrastructures, DFRRI, and the UN-sponsored rural water scheme in Imo, Gongola, Kwara, Cross River, Niger and Anambra states under which 2,000 bore-holes were to be sunk. While the latter programme was a remarkable success, the DFRRI water scheme, one of the best funded of its type in the history of Nigeria, has remained a painful story of dashed dreams. "If good drinking water is the solution to guinea-worm," said a source in Lagos last week, "then Nigeria is still a long way from the promised land."

SEYCHELLES

Large Number of AIDS Cases Reported

34190233y Victoria *SEYCHELLES NATION* in French
23 Apr 89 p 3

[Text] Twenty-seven cases of AIDS have been declared in Reunion, where the number of seropositive individuals hovers between 1,000 and 2,000.

To take stock of the situation, the World Health Organization (WHO) sent one of its members, Mrs Guerma Teguest, to the island at the end of March.

Mrs Teguest considers the epidemiological situation in Reunion alarming compared to other islands in the Indian Ocean. Indeed, the number of declared cases greatly outstrips that of neighboring countries. In Mauritius, for instance, three cases have been recorded; in Comoros, only two (one of whom was a foreigner).

According to Mrs Teguest, Reunion's sorry record could have two causes: the lack of communication between parents and children for one, and poor public education for another.

She noted, during a school meeting on AIDS information, that sex was still a taboo subject. According to Mrs Teguest, parents and children had trouble talking. She added, however, that this modesty was not peculiar to Reunion. This is so despite the increasing success in dispelling myths about AIDS.

According to Mrs Teguest, AIDS information in Reunion has not been adapted to Reunionese reality. Indeed, she believes information must not be transmitted solely through the media, for the message is not getting through. Here Mrs Teguest is alluding to the problem of illiteracy. Information agencies must go out in the field and establish dialogue with all segments of Reunionese society.

The World Health Organization drafts plans to combat AIDS for all countries. Mrs Teguest has drawn up a list of activities for Reunion that could be financed by WHO.

In concrete terms, these activities might consist of AIDS information, education, and prevention campaigns in the island and training for trainers.

SOUTH AFRICA

First Drug Abuser With AIDS Detected

54000086a Johannesburg *THE STAR* in English
25 May 89 p 9

[Text] The first case of AIDS in an intravenous drug abuser has been detected in South Africa, Professor Barry Schoub, director of the Medical Research Council's AIDS Research Unit, said yesterday.

Professor Schoub said this was of great concern to local health authorities as studies in the United States had shown that the disease spread very quickly in the intravenous drug abuse community.

Intravenous drug abusers often share the same needles, drawing a small amount of their own blood into the needle then mixing it with the drug before injecting it back into themselves. This needle is then passed on to the next person and quantities of contaminated blood with it.

The AIDS virus is also contracted through sexual contact and from a mother to her unborn child during pregnancy.

Professor Schoub said there had also been a disquieting increase in the spread of the disease among heterosexuals, particularly black women, of whom there were slightly more AIDS cases than among men. Heterosexual spread had also been detected in the white population. The disease previously followed a homosexual pattern.

More than 200 AIDS cases have been identified in South Africa so far.

Second Strain of AIDS Virus Found

54000086b Johannesburg *THE CITIZEN* in English
25 May 89 p 12

[Article by Arthur Kemp]

[Text] A second strain of the AIDS virus, called HIV-2 has been detected in South Africa for the first time, Professor Barry Schoub, director of the AIDS Virus Research Unit, disclosed yesterday.

Speaking at a press conference held to mark the tabling in Parliament of the Medical Research Council's 1988 annual report, Prof Schoub said the new strain was not necessarily detected in tests for the original strain, now called HIV-1.

"A further complication to the expansion of the heterosexual (AIDS) epidemic has been the detection of HIV-2 infections," Prof Schoub said.

"The HIV-2 virus differs in some respects from HIV-1."

He said the first HIV-2 case had been detected in a Black who had never been further north than Southern Mozambique. A spokesman for the research unit had said later that the first HIV-2 case had been reported in West Africa during 1988.

Prof Schoub said the HIV-2 virus had a "close resemblance to the simian immunodeficiency virus (SIV)" carried by African green monkeys.

"Analysis of data on AIDS cases reported to the advisory group on AIDS has revealed a disquieting increase among heterosexuals, at this stage predominantly in the Black community.

"The absence of HIV positive South Africans among sexually transmitted disease clinic attenders in last year's report contrast with the 1.14 percent and 0.87 percent prevalence among Black female and male attenders respectively by April 1989," he said.

Also speaking at the press conference was the president of the MRC, Dr Flip van Heerden, who said the MRC's highlights for the previous year had been the establishment of the Research Institute for Environmental Diseases, which looked at the effects of pollution in the air, water and food.

"There was also the discovery of a new mycotoxin in maize which appears to be linked to oesophageal cancer, as well as a study on the health effects of the urbanisation of Blacks in South Africa and the continuing AIDS research," Dr Van Heerden said.

TANZANIA

Concerted Efforts Against AIDS Urged

54000083 Dar-es-Salaam SUNDAY NEWS in English
30 Apr 89 p 1

[Article by Ichikaeli Maro]

[Text] Party Secretary-General Ndugu Rashidi Kawawa, has underscored the need for concerted efforts to mobilise people, particularly in rural areas, on the seriousness of AIDS and how to prevent the disease.

Ndugu Kawawa said the task of mobilising people against the disease had not been fully realised. He said the Party, through its organs at all levels, should help solve the AIDS problem which, he said, has spread throughout the country.

The Party Secretary-General was talking to members of a team appointed by the Ministry of Health recently to review progress of the National AIDS Control Programme (NACP) launched a year ago.

The 17-man team has been divided into five groups which were sent to the regions to assess the progress of the programme.

The teams were despatched to Kilimanjaro Region (Rombo District), Kagera Region (Muleba), Mbeya Region (Ileje), Morogoro Region (Mtwara Rural District) and Dar es Salaam.

The team, according to its leader, Doctor Harun Matarya, was given two weeks to complete its assignment and submit the report to the Minister for Health. He said the report would include the activities of the programme since it was established and make further recommendations for appropriate action.

Talking to Dar es Salaam members of the team who called at his office to get view of the Party on the AIDS situation in the country, Ndugu Kawawa said the Party was concerned with the masses who, he said, have not been fully mobilised to tackle the problem.

He urged health experts to ensure that adequate information on the disease is made available to the masses to make them understand the seriousness of the disease so that they could actively participate in the campaign against it.

"We must give people true figures because hiding them does not help. People must be told the truth on the seriousness of AIDS", he stressed.

AIDS Antibody Found in Imported Serum
OW1105225989 Beijing XINHUA in English
1340 GMT 11 May 89

[Text]The Shenzhen Port Public Health Quarantine Station has discovered AIDS virus Antibody in imported serum products for second time in less than a half month.

An official of the station said the first one was found on April 24, when the station was asked to examine an imported box of gamma globulin produced in Spain.

The official said when the station inspected international parcels via Hong Kong to China on May 5, they found four boxes of gamma globulin.

A selective examination on one of them showed positive reaction of AIDS virus antibody.

The official said a reexamination by the Guangdong Provincial Research Institute for the prevention and treatment of epidemic diseases also proved the result.

The official noted that the gamma globulin of franbulin brand produced in France will be confiscated and destroyed.

Epidemic Disease Deaths in Decline
54004018 Hong Kong HONG KONG STANDARD
in English 12 Apr 89 p 2

[Passage in italics as published]

[Text] China recorded a drop in deaths from epidemic diseases last year, but saw a sharp rise in cases of venereal disease, a senior health official has said.

Public Health Ministry official Mr Dai Zhicheng said 16,000 Chinese died last year from 24 different types of epidemic disease, including bubonic plague, typhoid and dysentery, the official *China Daily* reported yesterday.

Although the number of recorded deaths was down 18 percent, the ministry believed the actual number of cases was far higher, said Mr Dai, because as many as 40 to 50 percent of the cases in rural areas went unreported.

Mr Dai said reported cases of venereal disease soared to 56,090 in 1988, compared to a total of 140,648 in the previous eight years.

China claimed to have eliminated VD in the 1960s, but Chinese say gonorrhoea, syphilis and other venereal diseases have reappeared in recent years because of increased contacts with the outside world, particularly in coastal cities.

Mr Dai, director of the Epidemic Prevention Department, said 335 people died of typhoid, 2,039 of hepatitis and 89 of cholera in 1988, all increases from the previous year.

Reported cases of diphtheria, whooping cough, measles, polio, malaria and rabies declined, he said.

At the end of the year China had 5.7 million cases of tuberculosis and 55,240 cases of leprosy, Mr Dai said.

He blamed the increase in some epidemic diseases on poor sanitation, saying only 2.4 percent of domestic sewage was treated and only 30 percent of drinking water in rural areas had attained state-set standards.

One-fourth of the food on sale did not meet hygienic standards, he said.

Mr Dai also said China still had a high incidence of occupational diseases such as pneumoconiosis.

Hepatitis Outbreak in China Worsens

Near Epidemic in Wuhan
54004022 Hong Kong SOUTH CHINA MORNING
POST in English 12 May 89 p 13

[An outbreak of hepatitis in the central city of Wuhan is nearing epidemic proportions and has forced hospitals to turn warehouses into temporary wards, an official report said yesterday.

Five thousand cases of hepatitis of both the A and B variety have been reported in Wuhan during the first four months of the year, up more than 10 per cent from last year, the New China News Agency (NCNA) said. At the Wuhan Hospital for Infectious Diseases, all but 17 of the hospital's 354 in-patients are hepatitis victims, it said.

NCNA said most patients are children. It said public health officials attributed the outbreak to poor food hygiene.

"The city department responsible for the administration of food peddlers is reportedly in a state of chaos," NCNA said. "Food vendors were either dirty or thought only of making money and simply ignored Health Department regulations".

Wuhan is an industrial city about 1,110 kilometers south of Beijing along the Yangtze River.

Hospitals at Capacity

OW1105031289 Beijing XINHUA in English
0043 GMT 11 May 89

[Text] The incidence of hepatitis in the central Chinese city of Wuhan, Hubei Province, is rising to epidemic proportions this year, according to its department of public health.

By the end of April, 5,000 cases of the disease (more than 10 percent more than last year) had been diagnosed.

All 953 beds for infectious disease patients in the city's 16 largest hospitals are now filled and temporary beds have been set up to meet the growing number of patients.

A total of 1,011 patients suffering from hepatitis have now been hospitalized.

At the Wuhan Hospital for Infectious Diseases, warehouses and emergency halls have been turned into temporary wards. Three hundred and thirty-seven of the hospital's 354 in-patients are now suffering from the disease.

Statistics show that most of the patients are youngsters. The incidence of the disease in the city's downtown area is higher than that of the suburbs. The cases of hepatitis A are almost equal to those of hepatitis B.

Public health investigators have proven that the outbreak of hepatitis in Wuhan has been caused mainly by unhygienically prepared food.

The city department responsible for the administration of food pedlars is reportedly in a state of chaos. Food vendors were either dirty or thought only of making money and simply ignored health department regulations on the preparation of food.

In addition, many examinations by health inspectors were incompetently carried out and produced no real results, the department now admits.

Improved, Less Expensive Hepatitis Vaccine Reported
54004023 Hong Kong SOUTH CHINA MORNING
POST in English 13 May 89 p 3

[Article by Mary Ann Benitez]

[Text] A new hepatitis B vaccine will cut by half the cost of Hong Kong's childhood immunization program against this deadly virus.

The yeast-based vaccine contains half of the five microgram dosage available. Manufacturers have been able to improve its potency.

A visiting chemist, who heads the Market Development (Vaccines) of the US-based Merck, Sharp and Dohme company, Elinor Fagan said: "Since we've made the vaccine more potent, we can cut back the dose for infants and children. If the dose goes down in half, of course the price is reduced by 50 per cent."

The vaccine is an improved version of the company's recombinant hepatitis B vaccine which was the first licensed synthetic vaccine in the world.

It is awaiting approval from the regulatory Food and Drug Administration before it can be marketed in Hong Kong and other countries within the year.

Clinical trials involving babies in Singapore, Taiwan, New Zealand, the Philippines and Thailand have shown the half-dose vaccine to be just as effective. As before, three doses of the vaccine are needed for a complete course.

If it is approved for use in the Government's program, Hong Kong need spend only half the \$55.5 million a year to vaccinate about 60,000 babies in public hospitals.

It has yet to expand the program to pre-schoolers—cost being a major deciding factor.

Private clinics will also be able to make the cheaper vaccine available. At present each dose costs \$110.

Mrs Fagan said it was not possible to bring down the cost of the hepatitis B vaccine any further because of the technology involved in preparing it.

"We have brought down the cost significantly since it was introduced in 1986 by increasing demand. But it's never going to be as cheap as the polio vaccine which costs just 78 cents," she said.

The price of the vaccine has been a major stumbling block for expansion of immunization programs in most Asian countries where up to 20 per cent of the population are chronic carriers of the hepatitis B virus.

Penicillin Production Line for Animals
ow1005041989 Beijing XINHUA in English
0036 GMT 10 May 89

[Text] Construction has begun on what will become China's largest production line for penicillin used in treating animals in Shijiazhuang City, capital of north China's Hebei Province.

The production line will produce 121,000 liters of penicillin for animals a year, after completion.

HONG KONG

Laboratory Drops AIDS-Test Charge

54004017 Hong Kong HONG KONG STANDARD
in English 29 Mar 89 p 2

[Article by Denise Wong]

[Text] The Government Laboratory will drop the \$250 charge for confirming the results of AIDS tests referred to it by private doctors from Saturday.

Meanwhile two more men were found to be AIDS virus carriers last month. One of them has since developed full-blown symptoms. Of the 20 reported sufferers who have developed full symptoms 12 have died.

Dr Yeoh Eng-kiong, head of the AIDS Scientific Committee, said yesterday the waiving of the charge for referred specimens, was to encourage more referrals and reduce the patient's worries.

"We will also have a better idea of the number of infected people in Hong Kong," said Dr Yeoh.

At present, the Enzyme-linked Immunosorbent Assay (ELISA) test is used to screen blood specimens for the AIDS virus antibody.

Dr Yeoh said the accuracy of the test was close to 100 percent but there was a slim chance of a false result.

Mistaken results might be due to technical errors or reaction to the virus used in the ELISA tests, he explained.

A more accurate test, such as the Western Bloc method used in the Government laboratory, is used for confirmation.

Some private laboratories might lack the expertise or equipment to conduct these further tests, said Dr Yeoh.

Among the 1,737 specimens referred from private and subvented organizations to the Government Laboratory in the past four years, 32 cases were confirmed.

Dr Yeoh said most of the early specimens referred were for preliminary tests, as the AIDS virus test only became available in the private sector recently. Most referrals now were for confirmation.

He said they accepted referrals from private doctors but not private laboratories to ensure infected people had proper counselling from their doctors.

The two people tested positive for AIDS last month are Chinese men who acquired the disease through heterosexual contacts.

Since the Government started its AIDS surveillance programme in 1985, 141 out of 120,247 people tested, have been confirmed as AIDS virus carriers.

These include 53 hemophiliacs, 15 persons attending social hygiene clinics, 41 patients from Government hospitals and clinics, and 32 cases transferred from private doctors or subvented organizations.

Free Infant Inoculations Given

54004019 Hong Kong HONG KONG STANDARD
in English 19 Apr 89 p 3

[Text] Free inoculations of a combined vaccine against mumps, measles and rubella will be given to 70,000 infants from early next year.

Director of Health Dr Lee Shiu-hung said yesterday this was to improve health conditions, although the three communicable diseases were not widespread in the territory.

He said that at present, immunisation against rubella was given to girls aged between 11 and 14 to prevent transmission of the disease through pregnancy.

The introduction of the combined vaccine, to be used in Hongkong for the first time, to all infants could further reduce outbreaks of the diseases, he said.

Dr Lee said the cost for the exercise was yet to be worked out.

A promotion campaign would be launched to educate parents on the need for inoculations, he said.

In other moves, a series of measures would be introduced to improve general out-patient clinic services and a special standing committee has been set up to improve clinic services, Dr Lee said.

Starting today, a pilot scheme will start at four general out-patient clinics to provide medical records for individual patients.

Eight additional clerical staff will be required to handle the system.

Dr Lee said if the scheme proved successful, it would be introduced to all other clinics.

"We may employ experts to study ways of improving the record system. The ultimate aim is to computerise it so that records can be used in various clinics and hospitals," he said.

A block appointment system, introduced to 43 general out-patient clinics since last year, has proved effective in reducing the waiting time for patients, Dr Lee said.

He said difficulties recruiting and retaining medical staff would be a problem in implementing the planned expansion of services.

Among the department's new projects are eight family health service centres to be built in the next five years. One will be opened in Yuen Long this year.

The first Oral Health Education Unit will be opened next week.

And two new school dental clinics will start operation this year at Sha Tin and Tuen Mun, while two more are in the pipeline.

Adding to the existing three child assessment centres, a new one at Sha Tin will start this year, and two more are in the pipeline.

THAILAND

AIDS Carriers Number 7,000
53004390e Bangkok *THE NATION*
in English 26 Apr 89 p 2

[Excerpts] In Klong Toey slum, where AIDS may have already saturated the drug addict community, slum leaders will push for the government to formulate a

"comprehensive drug policy," a slum worker said yesterday. [passage omitted]

The official number of AIDS carriers has risen to about 7,000, Dr Akhom Sornsuchat, the prime minister's adviser on social and political affairs, said over the weekend.

Most of the reported carriers are intravenous drug addicts.

87 AIDS Carriers Discovered in Lampang Province
BK2805072389 Bangkok Domestic Service in Thai 1300
GMT 27 May 89

[Statement by Nopphadon Sombun, Lampang provincial health officer, to unidentified Radio Thailand correspondent—date, place not given; recorded]

[Excerpt] In Lampang, we have discovered 87 Acquired Immune Deficiency Syndrome [AIDS] carriers; 44 of whom are prostitutes, 12 are drug addicts, and the remainder are homosexuals and those using the services of the prostitutes. [passage omitted]

BRAZIL

AIDS Cases Rising Among Children Under 15

54002039a Rio de Janeiro O GLOBO in Portuguese
30 Apr 89 p 13

[Article by Valeria Padrao]

[Text] The profile of AIDS transmission among children under 15 years of age has undergone a drastic change. The majority of children currently suffering from AIDS—84—were infected while still in gestation or during childbirth from mothers who carried the disease. Previously, receiving a blood transfusion or contaminated blood derivatives was the principal means of contracting the disease. This change has been observed by the Ministry of Health, which has statistics available showing that in 1984 there were just 8 children affected. This year, there are 215 of them.

Lair Guerra de Macedo Rodrigues, the director of the National AIDS and Sexually Transmitted Disease Division of the Ministry of Health, explains that the change in the profile of children's AIDS derives basically from two factors: the existence of greater monitoring of the blood supply, and the use of injectable drugs among women of childbearing age.

In 1984, the first year AIDS was recorded in children, only men were infected as a result of injectable drug use. Today, there are 182 women and 501 men ill for this reason. This means that for every seven men suffering from AIDS, there is one woman ill as the result of drug use. In 1986, the proportion was 28 men to 1 woman.

Lair stresses that the rise in the percentage of mothers infected through injectable drug use is the only factor that can explain the increase in AIDS cases through perinatal transmission. She explains that it takes at least 15 months to determine if the babies of AIDS mothers

are infected or not, because only after such a period is it possible to distinguish the antibodies produced by the child from those transmitted by the mother.

According to Lair, knowledge about methods of transmission has motivated the population to demand a higher standard of quality in the blood supply in Brazil, which could reduce the number of people infected through blood transfusions.

Statistics from the ministry show that up to the beginning of this month [April 1989], authorities had recorded 61 cases of hemophiliacs being infected and 53 cases of recipients of blood transfusions being infected. During April, for example, just one case of AIDS among hemophiliac children and two cases of perinatal transmission were recorded.

The Ministry of Health reports that the situation with regard to monitoring the blood supply in Brazil has not yet reached the optimum level. There are states where the blood supply is under rigorous monitoring, such as in the cases of Sao Paulo, Ceara, Mato Grosso, Mato Grosso do Sul, Rio Grande do Sul, etc. However, there are other states, such as Rio de Janeiro, where the project has not made headway.

Forms of Contagion

The number of cases of children under 15 years of age who carry the AIDS virus between 1980 and 1989 and the most common form of transmission.

Transmitted by	Cases	Percent
Hemophilia	61	28.4
Drug Use	6	2.8
Blood Recipient	53	24.7
Perinatal	84	39.1
Unspecified	11	5.1
Total	215	100.0

Incidence in Each State

State	Year						Total
	'84	'85	'86	'87	'88	'89	
SP	1	6	14	37	62	9	129
RJ	7	7	3	8	11	0	36
RS	0	1	1	0	8	1	11
PE	0	0	0	3	3	0	6
DF	0	0	1	3	1	0	5
CE	0	0	2	0	3	0	5
GO	0	0	1	1	2	0	4
SC	0	0	0	0	4	0	4
MG	0	0	0	0	0	3	3
ES	0	0	0	3	0	0	3
MA	0	0	2	0	0	0	2
RN	0	0	0	0	2	0	2

Sao Paulo wins the sad trophy for children under 15 infected with the AIDS virus (129). Rio, with 36 cases recorded, is in second place.

Incidence in Each State

State	Year						Total
	'84	'85	'86	'87	'88	'89	
MS	0	2	0	0	0	0	2
BA	0	0	0	1	0	0	1
PR	0	0	0	1	0	0	1
MT	0	0	0	0	1	0	1
Totals	8	16	24	57	97	13	215

Meningitis Epidemic in Sao Paulo Reported

Increased Incidence

54002039b Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 4 May 89 p 17

[Text] Meningococcal meningitis has once again reached epidemic proportions in Greater Sao Paulo, after a truce of just 3 months during which it was held under control at the endemic level. In March, the Epidemiological Watch Center of the State Secretariat of Health was surprised by a new increase in the number of cases, frustrating public health experts, who were expecting a continuation of incidences within the parameters laid down by the World Health Organization, that is, around 35 cases per month in the population of metropolitan regions.

The meningitis responsible for the current epidemic—and for the one that was prevalent from June to November of last year, with the reporting of up to 72 cases in the month of August—is of the B-4 type, which is milder than types A and C, the latter of which was the cause of the greatest outbreak in the country's history in 1974. "A scenario of recurrence is taking place," explains the director of the Epidemiological Watch Center, Wagner Augusto Costa. Compared to the first 4 months of last year (113 cases), the increase this year has not been very acute (150 cases).

The problem is that in March, meningitis surpassed the maximum margin of endemic disease: With 45 cases reported, the epidemic stage was reached, and was repeated in April, with another 39 cases reported. Still in comparison with the same period of 1988, the number of deaths was greater, rising from 18 last year to 23 now. At Emilio Ribas Hospital, three wards are reserved for patients with the disease, which is caused by a bacteria that is transmitted aurally. The symptoms—high fever and stiffness in the neck—are similar to those of a bad cold.

The Epidemiological Watch Center was not expecting an increase in cases until June, when cold weather favors transmission. In all the cases already detected, the Secretariat of Health is taking the conventional precautions. The patient is isolated and given antibiotics and penicillin. People who live with the patient also receive antibiotics for 2 days.

Vaccine

The Epidemiological Watch Center has admitted that the vaccine developed by Cuban scientists to immunize the population against B-9 meningitis, which is common in Cuba, is effective against the B-4 type which is attacking Greater Sao Paulo. The 50,000 doses donated by the Cuban Government last year were not released for use until September, when the epidemic was already declining. Just last week, the Sao Paulo Secretariat of Health began to use these doses of vaccine, choosing children in orphanages as their public targets. According to Wagner Costa, 17,000 children will be vaccinated, with each receiving three doses. A 6-week interval is necessary between the first and the second dose. The third is applied after 2 months.

Disease Process Not Understood

54002039b Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 6 May 89 p 11

[Text] The meningitis-B epidemic which is affecting Sao Paulo for the second year in a row, and since January has already stricken 119 people in the state, constitutes, in addition to a tragedy for the victims' families, an enormous medical mystery. Epidemiologists in Brazil and overseas are unable to explain why the disease appears. Therefore, they do not know exactly how to prevent it either.

"The bacteria that cause meningitis lodge in the human body and are transmitted through the air, through speech or cough, for example. So it is not possible to detect rigorously a cause for the appearance of the epidemic," acknowledges hygienic physician Julio Cesar Alves. His perplexity is shared by other infectious-disease specialists, for whom it is not possible to determine the cause of the appearance of meningococcal meningitis, especially type B. "There is no explanation," admits Professor Calil Kairalla Farhat, author of various papers on infectious diseases and chairman of the Department of Pediatric Infectology of the Sao Paulo School of Medicine.

In the United States, it has been many years since there were problems of a meningitis-B epidemic, and therefore, little is known about this disease. Dr Moto Ho, a specialist in infectious diseases at Pittsburgh's Presbyterian Hospital, said to O ESTADO DE SAO PAULO: "It is something that has to do with the socioeconomic development of a country." He said that in the United

States "weaker viruses exist, but few infect. There are many carriers; but with the lack of crowding and better hygienic conditions, the disease is not transmitted. So we have carriers, but we do not have an epidemic. In 1 month, the maximum that we see in cities such as Pittsburgh is 10 cases, or even fewer."

American doctors do not understand the disease very well. At the moment, research is being done to develop a vaccine against meningitis-B such as already exists for types A and C. "There is not much that can be done. In Africa, there are epidemics even of meningitis from group A. It is something of socioeconomic origin," Ho speculates. He acknowledges that the most that can be done is to take antibiotics preventively, and only under medical supervision.

The doctors at Presbyterian Hospital say that meningitis-B is the most potent strain of meningitis. But after the disease practically vanished in the United States, medical interest in it disappeared. "The reasons that this type of epidemic occurs are still obscure. Many people are carriers of the virus for years, but they only acquire the disease after a long time," Ho adds.

The specialist in infectious diseases says that the climate is also a factor in aggravating the disease: "In the wintertime, the organism's resistance falls. Doors and

windows are kept closed, and although many of the people who have the bacteria do not get sick, they transmit it to others."

In Sao Paulo, the spread of type B meningitis is still considered to be of small numeric proportions, but it tends to increase in the wintertime. Between March and April of last year, 63 cases of the disease were recorded at Emilio Ribas Hospital. During the same period this year, that number grew to 90 cases. According to Calil Farhat, head of the second inpatient unit at Emilio Ribas, the group at greatest risk is children, especially those who are less than 1 year old. In spite of the fact that there are no preventive measures against the disease in Brazil, pediatricians say that it can be cured if it is diagnosed early.

CHILE

Confirmed AIDS Cases Total 139

*PY2305190489 Santiago Television Nacional de Chile
Network in Spanish 1800 GMT 23 May 89*

[Summary] Health Under Secretary Dr Augusto Schuster has said that 139 AIDS cases have been confirmed in Chile. He said that clinical AIDS cases are gradually increasing as a result of the great number of AIDS carriers.

BANGLADESH

Specialist Gives Statistics on Cancer in Bangladesh
54500106 Dhaka THE BANGLADESH OBSERVER
in English 23 Apr 89 p 1

[Text] Over two lakh people fall prey to cancer every year in Bangladesh and two-thirds of them die in despair without proper treatment, reports UNB.

One among the four affected males, most of them smokers, is a patient of throat or oral cavity cancer and 26 per cent of the female patients suffer from uterine cancer.

World Health Organization (WHO), however, estimates at more than eight lakhs cancer patients in Bangladesh, most of them are not aware of the fatal disease.

Director of the Cancer Institute of Bangladesh Dr Abdul Hye told UNB that one-fifth of the total cancer patients, both male and female were attacked with throat cancer.

Sixteen per cent of male patients in the country suffered from lung cancer while 15 per cent of the total male patients came to the doctors with breast cancer, he added.

He said, "mortality rate caused by oral, throat and lung cancers could be curbed by 40 per cent only by preventing tobacco consumption."

A cancer expert Dr Hye said mortality rate in leukemia, the blood cancer, was eight per cent for the male patients and five per cent for female which, he said, was lower than other countries of the world.

While talking about the female patients he said uterine cancer was "easily preventable and curable if it is detected at an early stage."

Dr Hye advised the multi-parental mothers to get regular PAP Test from local health care unit to detect uterine cancer.

He regretted that cancer study in Bangladesh was in a snail's pace due to inadequate financial and technical support. There was no chemotherapy treatment in the health care units and radiotherapy treatment was available only in the five medical colleges.

Moreover, he pointed out, the study of cancer hampered due to ill-maintenance of birth and death records which was most essential for study of cancer.

In a recent survey made by the Cancer Institute, Dr Hye informed that 15 per cent of the total deaths laid in the Banani Graveyard were cancer patients while it was only one per cent of those laid in Azimpur Graveyard.

Reported 'Chickenpox' Cases Said To Include Smallpox
54500105 Dhaka THE BANGLADESH OBSERVER
in English 29 Mar 89 p 5

[Text] Reports of outbreak of Chickenpox in parts of the city such as Badda, Kalachandpur have made it necessary for us to write on this subject for the second time in a week. Reports from the government source being scanty so far, the general public are yet to be properly informed about the disease and its spread. Going by past experience, the period from mid-March to before the onset of the monsoon is one for epidemics like chicken and small pox to break out often in virulent form.

Certainly by shutting our eyes to it and opening them only after the pestilence has carried off hundreds of thousands is a gross failure of public responsibility. We write to draw the attention of the relevant public health agencies to take immediate steps towards containing the spread of the disease into the relatively unaffected areas contiguous to the already affected ones. By the way, reported cases also include some of small pox, and Dhaka is peculiarly prone to this epidemic.

Preventive steps should begin with mass vaccination which has been conspicuous for some years by its absence, special cleaning campaigns, apart from mosquito eradication, must be launched with immediate effect. We had in our earlier comments on Dhaka's sanitation expressed our apprehension about the outbreak of such diseases owing to the existing low standard of the city's health and sanitation, and negligence of duty on the part of those responsible for it.

Water which is most vital to maintaining a state of immunity to such health perils has to be taken special care of by the WASA and a regular supply of pure drinking water ensured on a viable basis. Cleaning of the city cannot wait any longer if the minimum that the taxpayer is entitled to is to be delivered by the city maintenance authorities.

Inadequacy of Health Care Facilities Deplored
54500104 Dhaka THE NEW NATION in English
4 Apr 89 pp 1, 8

[Text] Despite government's repeated assertion that it would provide "health for all by the year 2000" the overall scenario in the health sector presents a rather gloomy look.

The medicare facilities now available under Government management in the urban and rural areas can cover only 40 per cent of the total population of the country, according to a Health Ministry source.

There are approximately 1800 medical centers throughout the country which roughly provide 30,000 beds. Thirty thousand beds for a population of over 11 crore people make a very poor bed population ratio.

The government under the present Third Five-Year Plan period had envisaged upgrading about 380 rural charitable dispensaries at a cost of Tk 22 crore.

The coming fiscal year will be the terminal year of the Third Five Year Plan and so far only 160 charitable dispensaries have been upgraded at a cost of Taka 4.20 crore.

The Asian Development Bank had also committed funds for the upgradation of 150 charitable dispensaries but only 45 have been upgraded. The Asian Development Bank had agreed to provide a sum of Tk 12 crore for the project.

Unfortunately the entire allocation will lapse mainly due to inability of the concerned agency to implement the scheme.

The government had also taken in hand a scheme to set up 50 rural health complexes. The scheme failed to take off the ground due to failure of the donor agencies to make available the required funds. The government has, however, taken 15 such complexes for completion.

A private medical practitioner told New Nation that Government could easily ease the pressure at least in the urban centers by inducing private sector entrepreneurs to set up more modern clinics. He said, the best way to do so was to exempt the medical equipment from heavy taxes and duties.

Even best hospitals in the capital, the IPGMAR and Suhrawardy cardiovascular hospital do not have the latest equipment to treat the patients.

Apart from that both the hospitals remain overcrowded. The emergency cases often do not receive the attention they deserve.

The emergency room at the Suhrawardy Hospital presents a pitiable sight. There are too many patients and too little space to accommodate the ever increasing number of patients.

Problems of High Incidence of Diabetes Discussed
54500103 Dhaka THE BANGLADESH OBSERVER
in English 24 Apr 89 p 3

[Text] Deputy Prime Minister In-charge of Health Prof M.A. Matin said in Dhaka on Saturday that the government was contemplating to train field level health and family planning workers all over the country on diabetes so that people would get primary services from them before, going to clinics, reports BSS [Bangladesh News Agency].

Inaugurating a six-day training workshop on Diabetic service delivery integrated with primary health care in Dhaka on Saturday morning the DPM said that Bangladesh had now 15 to 20 lakh diabetic patients and their number was on the increase.

He said that because of the disease profile in Bangladesh the treatment of diabetes should be integrated with the primary health care. He pointed out that only the Diabetic Center located in the capital city of Dhaka could not cope with the huge number of patients spread all over the country.

Prof Matin laid emphasis on imparting training to the doctors and health workers working in the village levels. He said such training would enable the doctors and field health workers to help diabetic patients know about the initial things to do.

Presided over by National Professor Dr Mohammad Ibrahim, the inaugural session of the workshop was addressed by Dr A.R. Khan, Dr Manwara Binte Rahman and Dr Hazera Mahtab.

The Deputy Prime Minister said that at present Bangladesh had one health workers for every 4000 people and every union had three family planning workers who would be given training on diabetic diseases.

Explaining the government's health policy he said that the present government under the leadership of President Ershad was committed to ensuring the availability of essential drugs to every citizen.

The workshop is being participated by 33 doctors from the union and upazila levels including two from Army Medical Corps.

High Mortality in Reported Diarrhea Suggests Cholera
54500102 Dhaka THE NEW NATION in English
24 Apr 89 p 5

[Text] The situation in the southern districts of the country following the outbreak of diarrhea has reportedly worsened. Thousands have been afflicted with diarrheal diseases in the southern districts including Khulna, Satkhira, Bagerhat and Perojpur. A Bengali daily of Dhaka quoting government sources reports that the toll exceeds five hundred. More than four thousand have been attacked by the water-borne diseases. The report further says that due to non-availability of medicines treatment is hampered. In the wake of the current dry spell the scarcity of pure drinking water has become more acute which is said to be one of the causes of the present outbreak. It has been apprehended that unless remedial actions are promptly taken, the situation may worsen further.

The high incidence of mortality indicates that the "diarrheal diseases" includes cases of cholera. If so enlightening the public about the true nature of the outbreak will always be helpful. Misleading euphemisms may have their uses but not in an area of vital public concern.

As for treatment, the medications for diarrheal diseases, even for the severer types, are rather simple. Oral and intravenous saline is the general ("broad-spectrum") treatment. If such simple and essential medicines (which are also inexpensive) are not available then the authorities really owe the people an explanation. In recent years we have learnt much about the construction of health centers in the interior and it has even been said that a nucleus of health service will be set up in every union during the coming years. We had also learned that as many as nine medical graduates have been posted in each rural health complex. This health infra-structure is no doubt inadequate for providing universal health care but they are expected to cope with the outbreak of diarrhea. These rural medical teams should be fully mobilized and if necessary supplemented by reinforcements from cities to contain the outbreak. At the same time public consciousness about the prevention and treatment of diarrheal diseases should be raised and the mass media should be mobilized for providing education to the rural people on the matter. The local bodies should play their part in helping to make available potable drinking water to the people and disseminating knowledge about making water germ-free through boiling.

INDIA

Diagnostic Problems With Early TB Take Heavy Toll 54500098 New Delhi PATRIOT in English 3 Apr 89 p 8

[Text] Lack of a reliable method to detect tuberculosis in its early stages is taking a heavy toll of lives in India, reports UNI [United News of India].

Every year, nearly 500,000 people die of this disease, also found to be one of the "concomitant infections" in AIDS patients.

The number of tuberculosis patients in the country at any one time has been estimated to be at least 9 to 10 million one fourth of which (two million) is likely to be infectious.

Tuberculosis is a communicable disease of long standing, successfully controlled by most developed countries, where interest in the disease has resurfaced because of its AIDS link.

Medical researchers consider that development of a reliable method for early diagnosis of active tuberculosis is an essential pre-requisite for its management and control in India.

According to a bulletin of the Indian Council of Medical Research (ICMR), besides clinical diagnosis, sputum examination and mass miniature radiography are the methods available at present, supplemented by 'tuberculin' testing in certain cases.

Sputum examination for detection of Acid Fast Bacilli (AFB) is an inexpensive and reliable method.

However, in some patients, in spite of a very suggestive clinical course and supportive radiological findings, 'AFB' cannot be detected in the sputum.

Mass miniature radiography is useful but has low sensitivity and specificity, the bulletin says.

Therefore, there is an urgent need for a reliable laboratory test for the rapid and specific diagnosis of tuberculosis in patients in whom radiography or sputum examination are unable to give clear cut results.

Researchers say a reliable, sensitive test should aim at detecting specific antibodies against 'mycobacterium tuberculosis' antigens.

In India, the major work in this area including immunodiagnosis is being carried out at the Tuberculosis Research Centre, Madras.

High Prevalence of Infectious Leprosy in Bombay 54500099 Bombay THE TIMES OF INDIA in English 31 Mar 89 p 5

[Text] There are nearly 12,000 cases of infectious leprosy prevailing in Greater Bombay without the victims exhibiting any external signs of the scourge, Prof A.R.K. Pillai, a long-time crusader in combating leprosy, said here today.

He said the total number of those who suffered from both the infectious and non-infectious varieties of the disease was between 82,000 to 100,000 in Greater Bombay with the prevalence rate in the city's slums as high as 11.9 per 1,000 against the national medium of 5.7 per 1,000 cases.

Prof Pillai was addressing newsmen on the Indian Leprosy Foundation's disbursement of funds for rehabilitation projects in the country, particularly to those in Bombay and other parts of Maharashtra.

Out of a total of Rs 16.23 lakh grants given to projects for the year 1988-89, he said Maharashtra's share was Rs 1.95 lakhs for three major ones located in Pune—the Pune district Leprosy Committee, the Sevadhan Trust Tribal Rural Leprosy Eradication Scheme and the Anand Gram Society—and seven in Bombay.

Among the seven charities which were recipients of the foundation's assistance were—the Bombay Leprosy Project, the Lok Seva Sangam, the Maharashtra Lokhita

Seva Mandal, the Vimala Dermatological Centre, the Acworth Leprosy Hospital Society, the Hind Kusht Nivaran Sangh and the Indian Association of Leprologists.

The maximum collection of funds accounting for nearly three-thirds of the total of Rs 41 lakhs garnered from all sources since the establishment of the foundation in 1984 was from the student community. This year out of the Rs 16.23 lakhs given out as grants, students had contributed nearly Rs 12 lakhs, Prof. Pillai said.

Since the introduction of the multi-drug therapy, the incidence of the disease had been checked substantially through for every three leprosy patients in the world one is an Indian—2 million leprosy patients in the world against 4 million in India.

The multi-drug therapy, consisting of rifampicin, clofazimine and dapsone, had been tried out in five districts among which Wardha in Maharashtra, Visakhapatnam in Andhra Pradesh and Purulia in West Bengal.

The results of the use of this therapy were so good that the bacilli was "mutilated" and fragmented" within a week reducing the prevalence rate in 1982 from 10 to 12 cases per 1,000 to 2 cases per 1,000 after its introduction.

Prof Pillai claimed that a complete cure had been achieved without leprosy patients reporting relapses for those undergoing treatment for a duration of six months to two years.

Giving a state-wise break-up of the prevalence of the disease, he said the highest sufferers were 730,000 in Tamil Nadu, 6256,000 in Andhra Pradesh, 430,000 in Uttar Pradesh, 420,000 in West Bengal, 410,000 in Bihar and 400,000 in Maharashtra.

The infectious variety accounted for 20 per cent of the 120,000 sufferers in the world and the non-infectious 80 per cent of the balance.

The infectious leprosy patients did not show any manifestations of the disease except what are described as "nodules" on the earlobes or chin and copper-hued and shiny skin.

Prof Pillai discounted the popularly held theory that the numerous beggar patients were afflicted with the infectious variety because of their clawed hands and ulcerous skin. On the contrary, the leprosy they suffered from was of the non-infectious variety and there was no cause for fear if charitably-inclined people sometimes touched any part of their anatomy.

The foundation is a frontline voluntary agency committed to leprosy eradication and extends financial assistance, technical inputs and managerial skills to voluntary leprosy projects and works for greater self-reliance.

Malaria on Rise Despite Efforts

54500100 Calcutta THE STATESMAN in English
28 Mar 89 p 4

[Article by S. C. Bindhani in Rourkela]

[Text] The incidence of malaria in India had tremendously reduced around the mid-'60s owing to the extensive use of DDT to check mosquitoes and chloroquine to check malaria parasites. But malaria cases are recently on the rise again with a vengeance despite 40 percent of the country's health budget being spent in malaria control programmes.

The factors that have led to the resurgence of this disease are many: Resistance of mosquitoes to insecticides such as DDT, HCH and malathion; human resistance in the form of refusal to the intradomestic spraying of insecticides; growing chloroquine resistance in the malaria parasite; delayed treatment of malaria cases, leading to increased chances of malaria transmission from a carrier to the healthy person; lack of awareness in the communities about the causes and prevention of malaria; unplanned development of roads and buildings, particularly in the urban areas and faulty irrigation and drainage systems posing serious waterlogging problems; lack of inter-departmental coordination; inadequate equipment and trained malaria staff in the health departments; deforestation and conversion of forest land into agricultural land; intense-labour migration due to the fast industrialization and urbanization process.

The Malaria Research Centre has been functioning in Rourkela since July 1988. The area is well known for the high number of deaths from malaria reported in the adjoining rural areas each year. The magnitude of the problem in this area can be gauged from the fact that 50 per cent to 70 per cent of the fever cases were found to have malaria in a pilot study launched by the MRC Rourkela in the nearby Bisra Block villages.

Of the total number of malaria cases recorded in Orissa, 80 per cent to 90 per cent are of the malignant type and, if not treated in time, may cause death. Of the total number of deaths due to malaria in India, almost 50 per cent occur in Orissa. In several remote villages located in forests a very high proportion of the children was found by the MRC to have enlarged spleens due to malaria. More alarming is the fact that in a population sample, about 14 per cent of the people apparently looking normal had malarial infection in their blood. Scientists attribute this to the high immunity in the population which is a direct result of high malaria endemicity in the entire State of Orissa.

The people were found to be afflicted with three species of malaria parasites, viz, plasmodium falciparum, plasmodium vivax and plasmodium malariae. In most parts

of the country, the first two species of malaria parasites are common, whereas plasmodium malariae is a rare species and persists in blood for many years.

The community-based bio-environmental control-strategy being implemented by the MRC in Rourkela is environmentally safe as it does not encourage the use of insecticides and has second collateral benefits. Under the programme, health education is provided in the villages and schools by showing immature stages of mosquitoes, charts, use of audio-visual aids and holding group discussions where emphasis is laid on the causes and prevention of malaria.

In each study village, the centre has its own resident health worker who visits from door to door, screens fever cases and prepares blood smears. After a presumptive treatment, all the slides are collected in the MRC laboratory on the same day and, after examination of these smears, treatment is provided promptly, free of cost. Where the patients do not respond to the chloroquine drug, better alternative drugs are administered in order to ensure complete treatment.

The centre, since inception, has treated more than 2,000 malaria cases in 30 villages under the study. Besides routine screening and treatment of malaria cases, the scientists of the centre are engaged in research on various aspects related to the epidemiology of the disease.

The centre also has a specialized team that controls mosquitoes breeding in and around the villages through different methods. These include elimination of small breeding places permanently by filling them up with soil, management of waste water by constructing soak pits with the help of locally available material, cleaning the margins of water bodies and by introducing mosquito larva-eating fish in all water bodies, such as ponds, used wells and streams. The MRC has identified 27 locally available larvivorous fishes to employ them in biological control of mosquitoes. These fishes are being reared in the village hatcheries.

Unused wells which support heavy mosquito breeding are being covered with expanded polystyrene beads (an inert material), which act as a physical barrier between mosquito and water. These anti-mosquito measures have helped check the mosquito menace to a large extent.

Minister Asks Guidelines on Prevention of Meningitis
54500101 Bombay *THE TIMES OF INDIA* in English
12 Apr 89 p 7

[Text] The minister of state for health and family welfare, Miss Saroj Kharpade, today said guidelines had been issued to the concerned states and Union territories on prevention of meningococcal meningitis which claimed 2,289 lives in 1988.

Replying to a calling attention notice raised by Mr V. Kishore Chandra Deo (Congress) and others in the Lok Sabha on the reported meningitis deaths in Andhra Pradesh, Bihar and Madhya Pradesh, Miss Kharpade said the situation was being monitored by the government.

The Centre was providing all assistance to combat the disease which was more prevalent among the poorer sections living in unhygienic conditions. The disease spread from the nose and throat of an infected person, she added.

Vaccination had no role to play in controlling the epidemic. The director-general of health services had a meeting with the officers of the affected states and guidelines had been issued to them to control the epidemic, she added.

Mystery Disease Spreading in Bihar Identified
54500097 Calcutta *THE TELEGRAPH* in English
8 Apr 89 p 4

[Article by Faizan Ahmad: "Killer Disease in Bihar Spreading"]

[Text] The first death occurred on 7 March in a remote village in Singhbhum. Sixty-three-old Delehe Koe died mysteriously. The death went unnoticed.

After 2 days, three more persons died suddenly in the tribal area. By 19 March, the toll rose to 15. Only then did district health officials and the administration come to know that an epidemic was stalking the tribal villages in Singhbhum. After that, reports of deaths started pouring in from other tribal districts—Gumla, Ranchi and Sahebganj.

The toll has since risen to 180. Expert medical teams sent from Patna, Ranchi and Jamshedpur are still grappling with the killer disease which is spreading unchecked as these traditionally backward areas are not equipped with infrastructure needed to deal with the situation.

The disease was initially diagnosed as viral fever, meningitis, encephalitis and even malaria. The symptoms are headache, cough, shivering, pain especially in the bone joints. The patient is racked with high fever and goes into coma. The result—death. The tribals call the disease a "prakop."

According to latest official figures, the disease has ravaged at least 12 villages, including Simra, Gangda, Hatpuria and Reyam in Manoharpur block in Kolhan area. Government sources claimed that the spread of the killer disease was checked in Tonto-block of Singhbhum by a team of doctors from Mahatma Gandhi Medical College Hospital in Jamshedpur.

The disease assumed alarming proportions in Paharia village in Sahebgunj district. The toll is still not known. The director-in-chief of health services, Dr Mohib Ahmed, who, along with the state-health minister, Mr Dilkeshwar Ram, flew to the affected villages on 4 April, said the government has assessed the situation and had taken all possible measures to control it. He said the director-general of health services in New Delhi had been requested to send teams of virologists to curb the epidemic.

Notwithstanding the assertion of the Singhbhum deputy commissioner, Mr Shashi Kant Sharma, that contaminated water was not the primary cause of the disease, the people and medical experts believe it to be the main source. The civil surgeon of Singhbhum, Dr H.B.Sahay, ruled out the possibility of contaminated water being the cause of the epidemic.

Disease Identified

The killer disease which has resulted in the deaths of 180 tribals has been identified.

Dr Paran Ranjan Prasad of the Rajender Medical College, Ranchi, said the disease was caused by the bite of insects with meningococcal, pneumococcal or staphylococcal bacteria. The disease takes form of an epidemic when a person is bitten by an insect infected with meningococcal bacteria. Otherwise, it is curable. He claimed that the disease occurred every year mainly due to insect bites.

Dr Prasad claimed that the disease could be cured with sulpha drugs or any antibiotic. He said 56 out of 58 patients admitted to the RMCH had been cured. He said nearly 2 decades ago the disease had assumed an epidemic form in Sao Paulo, Brazil.

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**Transmission of Human Immunodeficiency Virus
Through Breast Feeding and Heterosexual
Contact**

54001018b Moscow *ZHURNAL MIKROBIOLOGII,
EPIDEMIOLOGII I IMMUNOBIOLOGII in Russian*
No 12, Dec 88 (manuscript received 12 Apr 88) pp 59-62

[Article by V. V. Pokrovskiy and K. L. Servetskiy,
Central Scientific Research Institute of Epidemiology,
USSR Ministry of Health, Moscow]

[Text] In our previous report,¹ we described a case of importation into the USSR of infection caused by human immunodeficiency virus (HIV), with observation of transmission of the virus through homosexual and heterosexual contacts from a man to a woman and upon transfusion of blood from a mother to her fetus. In this article we report on two new cases of penetration of infection caused by HIV into the USSR, which were associated with transmission of HIV from a woman to her infant through breast feeding and from a woman to a man through heterosexual contact.

Material and Methods

A routine screening of blood donors and foreigners studying in the USSR revealed two men with HIV antibodies. An epidemiological investigation of both cases was conducted by means of special questionnaires. The sera of identified contacts was tested for HIV antibodies with the Antigen and Organon test systems, with verification by the immunoblotting system of the Dupont Firm.

Results and Discussion

The first epidemic chain (see the figure, a) started with a 28-year-old student from Zaire (No 1 in the figure, a), who had been studying in the USSR since 1984. In 1986 and the spring of 1987, no HIV antibodies were found in this student with the Vektor test system. When questioned, he reported about 10 sex partners in the USSR (Nos 2-10); it was possible to test 5 of the female partners, and HIV antibodies were found in three of them. Two of them (Nos 3 and 4) were prostitutes and informed us that their contacts were exclusively with foreigners. Both had a brief period of vaginal intercourse with No 1. Female No 2 had lived with No 1 since 1985. Before that time, she had had one sex partner from Chad, who returned to his country in 1984. Like the two other women with HIV antibodies, she reported exclusively vaginal intercourse with No 1 and had observed frequent injury to the labia and vagina, as well as intercourse during menses.

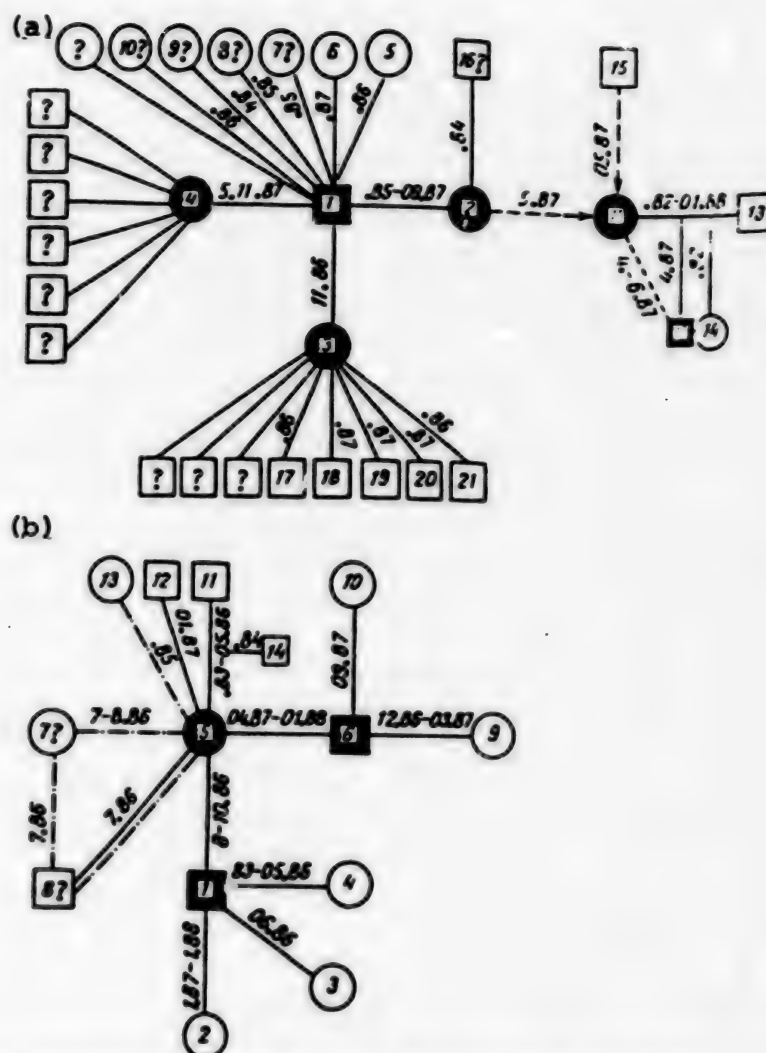
It can be assumed that No 1 was infected in the USSR by No 3 in 1986; however, this woman states that she had had no contacts before him with Africans, and that when involved with foreigners from other countries she always protected herself with condoms at their insistence. (It is noteworthy that No 3 used no protection when having intercourse with foreign students since she assumed that they had been tested for AIDS.) Five of her partners (Nos 17-21, three from Zaire and two from Tanzania) had no HIV antibodies according to local laboratory results, which, however, are presently being verified, since No 3 herself had been tested twice in 1987, and the results had been negative.

No 2, while working as a nurse in May 1987, had donated blood for a direct transfusion to a parturient (No 11) due to poor healing of postoperative suture following a cesarean section. (The blood transfusion was made without testing for HIV antibodies.) Blood was transfused on the 14th postoperative day. The recipient became ill 1.5 months after the transfusion, with elevated temperature, sore throat and macular eruptions on the trunk for 3 days, which can be evaluated as the primary manifest form of infection caused by HIV. Ten months after the transfusion, she, as well as her infant born two weeks before it (No 12), demonstrated HIV antibodies. The second donor (No 15) and the father of an infant (No 13), who was the only sex partner of the mother, and their first 6-year-old child (No 14) demonstrated no HIV antibodies. Most probably, the infant was infected through breast feeding, the possibility of which had already been mentioned.² The infant nursed regularly up to the age of 3 months. At the early stage, which coincided with the time of the transfusion, the mother noticed cracks in her nipple, but they did not bleed.

Thereafter, the infant had frequent colds. When tested at the age of 10 months, pneumonia was diagnosed, and the child responded to the usual therapy, during which marked lymphocytosis was observed. All groups of lymph nodes, particularly the paratracheal, splenic and hepatic ones, were markedly enlarged. (A clinical description will be published).

It is not of fundamental significance whether the virus was present in maternal blood or milk, since a woman's blood can penetrate into milk at any time. Apparently, along with prohibition of breast feeding by mothers with HIV antibodies, milk donors should be screened and the long-known principle of "one donor—one recipient" needs to be applied.

The second detected epidemic chain (see b of the figure) started with a 30-year-old man who was found to carry HIV antibodies (No 1 in b of the figure) when he first tried to donate blood. He reported four female sex partners, three of whom (Nos 2, 3, 4) demonstrated no HIV antibodies when tested. There was, however, not enough information about the fourth woman (No 5). A report that she had HIV antibodies detected when she



Epidemiological chains of HIV infection. Numerals near the lines indicate the month (if known) and year of contact

Key: a—first chain, b—second chain. White circle—woman without HIV antibodies. Blackened circle—woman with HIV antibodies. White square—man without HIV antibodies. Blackened square—man with HIV antibodies. Small squares and circles—children. White circles and squares with number and question mark—identified but untested contacts; with question mark alone—unidentified and untested contact. Solid line—sexual contact. Perpendicular to solid line—birth of infant from that contact. Dashed line with arrow—blood transfusion. Dot-and-dash line—syringe shared by drug users. Dotted line—breast feeding.

was tested because her new husband had gonorrhea was received unexpectedly from another city. Her husband (No 6) also had HIV antibodies, while his other female partners (Nos 10 and 11) had none.

When gathering the epidemiological history of No 5, it was learned that one month prior to meeting No 1 she had injected drugs regularly intravenously with the same unsterilized syringe used by her girlfriend (No 7), who was engaged in prostitution with foreigners in order to obtain money for the drugs. Concurrently, No 5 had sexual relations and used drugs with a seaman from

Greece (No 8) who had repeatedly wondered whether she was afraid of getting AIDS. Although we have still not been able to test Nos 7 and 8, one of them was probably the source of infection, since the others, including earlier contacts (Nos 9-13), had no HIV antibodies, according to results from local laboratories. The unquestionable infection of two men (Nos 1 and 6) by No 5 is obviously related to the fact that from 1985 to the time she was screened at the clinic of the Central Scientific Research Institute of Epidemiology in February 1988 she had persistent erosion of the cervix, for which reason there were frequent hemorrhages, one of which following

intercourse with No 1 even led to hospitalization. There were also instances of intercourse coinciding with the start of menses. Anal intercourse was not practiced by any of the demonstrated seropositive individuals.

Prior to this case, we did not have in our own practice any direct evidence of infection of men by women through intercourse, but during the period of the described epidemiological investigation, a male citizen of Yugoslavia, 20 years of age, with HIV antibodies came to see us and stated definitely that he was infected through sexual contact with a known female HIV carrier, who was a drug addict. Although, according to our data, not counting this source of infection, only one out of the eight women with HIV antibodies from the USSR who had had sexual relations with men had infected her sex partners, this is no doubt quite sufficient for heterosexual transmission of HIV in the USSR on a level that maintains an epidemic process.

The described events have great import in terms of the organization of the system of epidemiological inspection of HIV infection. The first case is a typical demonstration of errors in the organization of screening for HIV antibodies. The fact that no HIV antibodies had been previously demonstrated in Nos 1 and 3 from the first chain, who had been tested twice, is definitely indicative of flaws in the test system produced by the Vektor Scientific Production Association. The direct blood transfusion from No 2 without an appropriate check was an obvious violation of the system of epidemiological inspection.

Conversely, in the second chain, the existing system of epidemiological inspection proved to be quite effective: two dangerous sources of infection were identified—a donor upon his first attempt to give blood and a female drug addict, in the course of routine screening of patients with venereal disease.

This study also enabled us to find several social phenomena responsible for the features of the spread of HIV in the USSR.

For example, the fact that No 3 from the first chain had contacts only with foreigners and No 4, only with foreigners from Africa could raise some doubt. However,

according to our observations, "servicing" one group of foreigners, for example Latin Americans, is typical of prostitutes, since they operate in a system of established contacts (Nos 3 and 4 attributed the lack of contact with Soviet citizens to absence of financial incentive).

Since the described events occurred in the same city, in the same period and in the same environment, it can be stated with adequate probability that No 7 from the second chain is one of the unidentified girlfriends of No 1 from the first chain.

Another important distinction of our study is that, for the first time, HIV has been found to have penetrated the environment of drug addicts in the USSR, which worsens the poor epidemiological prognosis.

In general, it must be stated that active heterosexual introduction of HIV into the USSR is continuing.

Conclusions

1. Cases have been found of HIV transmission by an infected woman to her infant through breast feeding and to men through vaginal intercourse with infected women.
2. In the USSR, there is a danger of spread of HIV through heterosexual contact.
3. The possibility of the spread of HIV through breast milk must be prevented by checking milk donors and nursing women for HIV antibodies. Testing of all pregnant women at the last stage of pregnancy can be proposed as a general measure.
4. Rigid rules must be adopted for checking the test systems that are used for serological detection of infection caused by HIV.

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CANADA

AIDS Insurance Liabilities, Experimental Lung Medicine

Insurance Firms' Liability Reporting

54200058 Ottawa *THE OTTAWA CITIZEN* in English
10 May 89 p A3

[Article by Alan Toulin]

[Text] Canadian insurance companies for the first time are being asked by federal regulators to report on the liabilities they may potentially face because of AIDS.

Robert Hammond, superintendent of insurance, said insurers are being asked to file liability or risk profiles that take into account the impact of AIDS on their business.

"This is the first time we've asked them actuarially to deal with the subject of AIDS," Hammond told the parliamentary finance committee. Insurance companies are required to provide regulators with a risk profile that outlines future liabilities due to payment of insurance contracts. The reports help regulators determine the financial soundness of insurance companies based on the potential claims they might have in the future.

The standards for determining the impact of AIDS are based on a draft proposal from the Canadian Institute of Actuaries made public last November. The draft principles on developing actuarial standards for measuring the impact of AIDS will eventually become standards for the insurance industry, Hammond said.

But he added that insurance industry regulators will not deal with the questions of human rights and other civil rights issues surrounding AIDS and the insurance industry.

The question of insuring AIDS victims or requiring people to be tested for AIDS to obtain insurance have not yet been resolved by the industry or by government.

These questions, Hammond said, are matters of contract between the companies and their clients and as such are in the jurisdiction of provincial governments.

Offer of Antibiotic Mist

54200058 Toronto *THE SATURDAY STAR* in English
20 May 89 p A6

[Article by Kelly Toughill: "Downtown Clinic Offers New AIDS Treatment"]

[Excerpts] A major new treatment centre designed to administer an experimental lung medicine to people infected with the AIDS virus has opened in downtown Toronto.

Just a few months ago, people with AIDS who wanted to take a drug called aerosolized pentamidine, an inhaled antibiotic mist, had to buy the compound in the United States, then find an expensive machine needed to properly dispense it.

Today, the experimental treatment is offered free at a Sherbourne St. medical centre.

The new clinic was organized by Toronto doctors who treat AIDS patients. The clinic was given more than \$500,000 by the province and is part of a package of new AIDS-related programs to be announced soon by the Ontario Health Ministry.

"This is the first time that physicians in this city have come together to provide treatment for patients with AIDS," said Dr. Philip Berger, a clinic organizer.

'Important Step'

[Passage omitted] Pentamidine has been used intravenously for several years to treat a form of pneumonia that is the most common killer of people with AIDS. But many studies show that if the drug is regularly inhaled, it can prevent the pneumonia from ever developing. In order to turn it into a mist that can be inhaled, the drug is fed through an expensive machine.

Only the intravenous form of the drug has been fully approved by federal health officials, but doctors are allowed to prescribe the inhaled form of the drug at their own discretion.

More than 570 people in Metro have been diagnosed with AIDS and another 3,000 are known to be carrying the virus that causes the disease. The clinic is expected to regularly serve about 1,000 patients, Berger said.

Leukemia Incidence Found Higher Near Four Nuclear Plants

54200057 Ottawa *THE OTTAWA CITIZEN* in English
12 May 89 p A3

[Article by Jane Wilson]

[Text] A study of leukemia among pre-school children born near Ontario nuclear facilities has found a higher-than-expected number of cases at four sites.

But because the numbers studied are small and there is a high margin of error, the Atomic Energy Control Board has ordered a second, broader study.

The research was spurred by a British study which showed a nine-fold increase in the risk of leukemia for children born to mothers living near a nuclear fuel reprocessing plant. The Ontario research has ruled out a similar effect at all but the Bruce nuclear plant on Lake Huron, said epidemiologist Dr. Aileen Clarke, who headed the one-year study.

The study was commissioned by the AECB and carried out by Clarke, head of epidemiology at the Ontario Cancer Treatment and Research Foundation.

The study covered the period 1950 to 1986 and involved families living within a 25-kilometre radius of the plants or mines.

Results showed the incidence of leukemia around the Chalk River nuclear laboratories was lower than expected, one case when 3.2 were expected and one death compared to an expected 2.7.

Statistically, the Bruce nuclear power development showed the highest risk, 3.5 times the expected level of deaths, based on two recorded leukemia deaths, when 0.6 were expected. However, Clarke noted, a larger sample could have produced a ratio of from 0.4 deaths to a high of 12.6. Four cases were diagnosed, compared to an expected 1.6, since the plant's opening in 1967.

At the Pickering nuclear plant east of Toronto, the study uncovered 50 cases of childhood leukemia, when the researchers expected 41. There were 17 deaths, when averages showed there should be 12.4.

Around the Elliot Lake uranium mines and mills, one case was diagnosed and two deaths recorded, while researchers expected 2.4 cases and 1.8 deaths, Clarke said.

At the Port Hope uranium conversion facility, nine cases were diagnosed instead of an expected 5.2. There were seven deaths, although 4.7 were expected.

More work is needed to understand the implications of the figures and narrow the margin of error in the study, Clarke said.

The second phase will double the size of the study by including children up to age 14. It is slated for completion in March 1990.

In Ontario in 1986, 12 children under five died of leukemia and 62 cases were diagnosed.

The research was prompted by several studies showing clusters of childhood leukemia cases around nuclear fuel reprocessing facilities in England and Scotland.

Clusters of leukemia are not uncommon, said Dr. T.W. Anderson of the University of British Columbia, one of the research team.

Ontario Launching Program To Combat Rabies
54200059 Toronto *THE TORONTO STAR* in English
12 May 89 p A3

[Article by Bob Mitchell: "Foxes and Skunks Target of \$1.8 Million War on Rabies"]

[Text] Ontario is about to launch a \$1.85 million plan to stamp out rabies.

Foxes and skunks are prime targets in a three-phase program announced yesterday.

"There are more cases of rabies in southern Ontario than any other place in North America," said Natural Resources Minister Vice Kerrio. "This is a serious situation that must be eradicated."

Nearly 4,000 Ontario residents receive anti-rabies vaccine every year in the province. Last year, more than 30,000 cases of possible human contact were investigated.

Dr. Rich Rosatte of the wildlife research section of the ministry said Metro gets about 700 to 800 rabid foxes and 400 to 500 rabid skunks every year.

"The valley areas of Metro are prime homes for foxes, with the Don Valley being a hotbed," Rosatte said. "There were 25 cases of rabid foxes alone in the Don Valley area in 1988."

In Phase 1, bait containing rabies vaccine will be distributed in areas of Metro where foxes live or have been seen. People are asked to telephone the rabies research unit at 832-7154 if they see a fox or know where a fox's den is located.

"There are about 3,000 to 4,000 skunks and another 1,000 foxes living in Metro," said Rosatte.

"But foxes are the Number 1 carriers of rabies."

Ministry research indicates rabies will likely die out if a majority of foxes in an area can be vaccinated.

In Phase 2, ministry biologists will immunize skunks in a 60-square-kilometre area of Scarborough.

The skunks will be trapped, injected with the vaccine and released between July 4 and Nov. 3 in an area from Highway 401 to Lake Ontario, bounded by Markham Rd. on the east and Victoria Park Ave. on the west.

And from Oct. 1-12, ministry biologists will drop vaccine-laced bait from low-flying aircraft over a triangular rural section of eastern Ontario from Napanee north to Pembroke, east to Cornwall and west along the shoreline of the St. Lawrence River and Lake Ontario.

If successful, the project will create a rabies-free zone in this area, which will be expanded westward in the future.

The oral vaccine was originally tested and used in Switzerland in 1976 but while it is effected on foxes, it is not work with skunks.[as printed]

Because the fox-baiting programs are still in the experimental stage, officials advise pet owners to have their pets properly vaccinated against rabies.

Gypsy Moth Caterpillar Widespread in Southern Ontario

54200060 Toronto *THE TORONTO STAR* in English
17 May 89 p A7

[Article by Chi Carmody]

[Text] Natural Resources Ministry officials say they're fighting a losing battle against the gypsy moth caterpillar and this year's infestation will be the most widespread ever.

"They're everywhere they were last year and have been moving eastward," said ministry pesticide co-ordinator Jim McCreadie.

He said first-time aerial spraying of a virus harmful to the caterpillars have been scheduled for the Carp Hills area of Ottawa-Carleton and Backus Woods in Simcoe next month. These are additions to the annual spraying program conducted in Niagara, Rice Lake, Gananoque, Tweed and Arnprior.

Ministry statistics show that gypsy moth caterpillars defoliated the equivalent of 30,000 hectares (74,129 acres) of woodland across southern Ontario in 1988, up from 13,000 hectares (32,123 acres) the previous year.

Less Acute

McCreadie said the area defoliated this year will probably equal that in 1988, but added the severity of the defoliation should be less acute than last year.

Provincial entomologist Joe Churcher said a gypsy moth caterpillar can eat a square metre of leaves every day.

"Their favorites are oak and maple leaves, but when those aren't around they'll eat just about any kind of foliage," Churcher said.

Because of their indiscriminate appetite, gypsy moth caterpillars are more of a problem than the more commonly known forest ant caterpillars, which depend largely on aspen and poplar leaves.

"Forest tent caterpillars are pretty choosy. They'll stay where their food source is. The gypsy moth (caterpillar) would strip the tomato plant in your backyard," said Bruce Ferguson, Huronia District forest management supervisor.

Gypsy moth caterpillar infestations have caused additional problems for ministry officials because they are not native to North America and have few natural predators in southern Ontario. Aerial spraying has been introduced.

FINLAND

Health Minister on AIDS Situation

54002496 Helsinki *HELSINGIN SANOMAT* in Finnish
4 May 89 p A8

[Text] Social and Health Affairs Minister Helena Pesola (Conservative Party) said Friday at the ministerial meeting held in London that there is no reason for panic in Finland because of the AIDS situation. Pesola told her minister colleagues that the numbers of both those with AIDS and those infected with the HIV virus have increased significantly slower in Finland than the overall average for Europe. Over the last 5 years, in Finland there have been found 249 individuals infected with the HIV virus, of which 209 were Finns. During this period, 42 Finns have been hospitalized because of AIDS. "The low number of cases is partly due to the circumstance that there are only a few intravenous drug users in Finland, and also because there are few prostitutes. Also, Finland has conducted a frank and long-running education and informational campaign," said Pesola. According to her, the danger is not yet past, however, and preventing AIDS demands continuous efforts, at the same time as attempts must be made to halt narcotics use.

ITALY

Turin Offering Free Needles in Effort To Control Spread of AIDS

54002491 Milan *L'UNITA* in Italian 20 Apr 89 p 9

[Article by Pier Giorgio Betti: "Free Needles Offered To Combat AIDS"; first paragraph is *L'UNITA* introduction]

[Text] Drug addicts of Local Health Unit 28 of the Turin commune of Settimo will be able to receive a new needle by turning in a used one. This "exchange" initiative, the first of its kind in Italy and an offspring of a similar program in the Netherlands, was taken by the public health service "to reduce the risks of infection by AIDS and hepatitis." Opinions are for the most part favorable, but there are those who are clearly opposed.

Turin—Someone spoke of "provocation," but Dr Renzo Rolando, 31, psychologist and coordinator of the drug addiction team of the Settimo commune in Turin and

supporter of the "clean injection" experiment is of the opposite opinion. "Nonsense, there's nothing provocative about it. It would only be provocative if a public health service were not trying to protect the health of the people. In the face of the tragic dimensions of the problem, we have two priorities: limiting the number of deaths and containing the spread of AIDS, hepatitis, and related illnesses. We deal with the consequences. The rest—the controversy over whether or not drug addicts should be punished and the ready availability of drugs—does not concern us."

"Project Sanifix" (or clean injection) came about after a trip that Rolando, Dr Ciccio Caccavari, and other members of the team made to Amsterdam and Rotterdam to study the "strategy" used by Dutch health officials to try to confront the drug emergency. According to Dr Rolando, the "exchange" idea, which has been used for 4 years, has had more than encouraging results. "With respect to the trend of the previous period, the number of AIDS cases fell by 60 percent. This is also certainly due to the fact that smoking heroin is more common in the Netherlands than injecting it. At any rate, the significant fact is that 71 percent of the drug addicts who exchanged needles then decreased their use of heroin or even stopped altogether."

A sterile needle eliminates a channel of infection. And the drug addict who comes to ask for one in some ways makes contact with the health service, thus partially opening the door that could lead to information and dissuasion tactics. The Dutch experience seemed interesting, and they decided to try it in the jurisdiction of Local Health Unit 28, which, in addition to Settimo, includes the communes of Volpiano, San Benigno, and Leini, for a total of about 80,000 inhabitants. Each commune will have its own "exchange point," which will be open from 0730 to 2400 hours. This is when pharmacies are closed, and the use of drugs and therefore needles greatly increases. Among the possible positive effects, managers of the team and the Local Health Unit also cite the elimination of the minor risk of people inadvertently pricking themselves with infected needles that have been thrown to the ground.

"Project Sanifix" has the unconditional approval of Maria Gallo, health official for the Christian Association of Italian Workers. "The project should be supported because it's a logical means of prevention and reduces the danger of needles tossed away in gardens or streets."

For investigating magistrate Maurizio Laudi, the initiative taken in the Settimo commune of Turin has two sides. "On a completely negative front such as the current drug crisis, it could help to control the spread of the infection. Despite its bad aspects, in other words, it could have some benefit. But what is disturbing is the fact that the public institution has chosen to intervene—through no fault of the doctors in the Settimo commune,

naturally—by distributing clean needles, when, in fact, much stronger and forceful preventive measures are necessary. It's a little like admitting defeat."

The opinion of Don Paolo Fini of the Turin reception center is quite clear-cut and negative "I don't believe in the clean injection. Certainly, it's necessary to educate, especially from the sanitation viewpoint, but the fact that it is the health service that should be freeing youth from drug addiction, distributing the needles seems contradictory to me. At the very least, an equal commitment should be made within the organization of the department for drug addicts."

For Adriana Ceci (PCI) [Italian Communist Party], vice president of the Chamber's Social Affairs Commission, "the offer to exchange needles is useful if it enables us to talk with drug addicts and brings them to the public service, which should be adequately prepared."

NORWAY

Number of New HIV Cases Continues To Decline
54002487 Oslo AFTENPOSTEN in Norwegian
8 Mar 89 p 60

[Article by Hilde Harbo: "Every Fourth Adult Has Been Tested for HIV"]

[Text] Every fourth adult Norwegian has now been tested for HIV. On a global basis, only the other Nordic countries can be compared to Norway when it comes to the percentage of the population tested.

Each month fewer new persons are found to be HIV-positive than in 1987, even though 50 percent more tests are performed monthly than a year ago. Roughly 15 new cases are now discovered each month, a drop of 25 percent since 1987.

"Despite these figures, we don't know for certain whether the spread of the disease is abating. I say this because there's still a lot of uncertain data and because we don't know when these persons were infected, only when the infection was discovered," says Oivind Nilsen, chief adviser to the National Institute of Public Health, to AFTENPOSTEN.

He points out that even though approximately 2,000 persons in Norway are assumed to be infected with HIV, only 771 of them have been found, despite this intensive testing. To make up for this, health authorities will launch a major campaign in April to motivate people to get themselves tested. The campaign will be directed especially at high-risk groups—homosexuals and drug abusers—as well as heterosexuals who have been at risk.

The reason Norway ranks number one in the statistics for HIV testing is that we were the first to offer the test of all pregnant women. Over 115,000 women who either were pregnant or sought an abortion have been tested so

far, and only nine were found to be HIV-positive. An additional 25,000 conscripts and 130,000 blood donors have been tested. Altogether, nearly 570,000 Norwegians have been tested, about 25 percent of the population between 20 and 65 years of age.

Last year Norway was the only West European country to experience a decline in the number of new AIDS cases. While 35 persons were diagnosed in 1987 as having AIDS, the figure dropped to 30 in 1988. Homosexual men as a group dropped the most, from 27 new cases in 1987 to 19 in 1988.

"We don't think the downward trend will last. This year we expect the number of new AIDS cases to rise again to somewhere between 40 and 60," says Oivind Nilsen, who continues:

"Many of those who got AIDS before 1988 were sexually active homosexuals who had been infected in the epidemic's first phase in the late 1970's and early 1980's. After this group was infected, it took a while before the disease began to spread to less sexually active homosexual men, intravenous drug users, and heterosexuals. The 'pause' in dissemination of the disease is probably what's being reflected in the decreased AIDS figures."

"In the years to come, the incubation period before the disease erupts will end in more and more infected persons, and then the figures will increase again. In particular, we anticipate a big increase among drug abusers."

Bureau of Health To Halt Illegal HIV Registration
54002488 Oslo AFTENPOSTEN in Norwegian
6 Apr 89 p 3

[Article by Hilde Harbo: "Illegal HIV Registration"]

[Text] The Bureau of Health is clamping down on the illegal registration of children who are born to HIV-positive mothers. Several birth reports have been discovered in which the mother's HIV infection is mentioned.

Birth reports are filled out at the hospital and sent by district doctors to the Medical Registry of Births in Bergen. Only the National Institute of Public Health is entitled to register persons infected with HIV, and persons thus registered are guaranteed anonymity.

Cases in which HIV infection is mentioned in birth reports therefore violate both the anonymity principle and the rights of those entitled to keep records of such infections.

Today in Norway there are roughly 20 children who were born to mothers infected with HIV. So far, only two of these children have been shown to be infected with HIV, because it takes time before any infection can be established.

In 12,000 copies of a circular sent to all physicians, midwives, district doctors, and hospitals in this country, the Bureau of Health makes it clear that the mother's HIV status is not to be included in birth reports.

"We look askance at the inclusion of such sensitive information in an unauthorized register. We're very strict about compliance with the principle of absolute anonymity concerning information about HIV infections," says Johs. Wiik, department director in the Bureau of Health.

He points out that priority has been given to dispatch of the circular.

"We acted as soon as we were told by the Oslo district doctor that the results of mother's HIV tests were mentioned in some birth reports. It's important to see to it that this practice doesn't continue," he says.

UNITED KINGDOM

Top Industrialists To Serve on Health Service Board
54500107 London THE DAILY TELEGRAPH in
English 23 May 89 p 4

[Article by Peter Pallot, Health Services Staff]

[Excerpt] Four leading industrialists with reputations for tough decision-making have been recruited to help in running the Health Service. Mr Clarke, Health Secretary, has appointed them to take unpaid jobs on the NHS policy board, a powerful new body charged with deciding what the NHS should be able to achieve.

Deputy chairman of the board will be Sir Roy Griffiths, 62, deputy chairman of Sainsbury's, who has been an adviser to Mrs. Thatcher on health policy since 1983.

He is joined by Sir Graham Day, 56, who as chairman of the sold-off Rover Group and Cadbury Schweppes already splits his time between cars and chocolate.

Also appointed is Sir Kenneth Durham, chairman of the L2 billion-turnover Woolworth stores chain, which became Kingfisher Holdings earlier this year in the face of bitter opposition from shareholders.

Sir Kenneth, 65, who is also deputy chairman of British Aerospace, gave a warning recently that Britain would become a Third World country if it did not put more cash into training scientists.

The fourth director to be appointed from industry is Sir Robert Scholey, 67, chairman of British Steel, which last December was privatized for L2.5 billion in a flotation more than three times oversubscribed.

The businessmen, who are among the highest-paid figures in Britain, will not be claiming expenses for attending monthly meetings.

Mr Clarke emphasized at a press conference yesterday to announce the 13 members of the board that experience in privatization among three of the non-executive directors was not significant.

The NHS was destined to remain a public utility but "the biggest and most complicated service in the country" would benefit from the expertise of directors able to run large companies.

When Roy Griffiths was brought in to NHS management, political opponents had made capital out of the idea of a supermarket boss running a caring service, Mr Clarke said.

"But there are no people in the service any longer who reject the notion of the input of someone with management expertise," he continued.

"The NHS will never be a business. It does need to be more business-like in the way it spends L26 billion each year and employs over one million people if it is going to deliver up-to-date, friendly and effective treatment to 55 million potential patients."

Mr Duncan Nichol, a member of the policy board, is chairman of the executive.

The changes, the biggest in the NHS's 40 years, would devolve power to local level where managers, doctors and nurses would make decisions, said Mr Clarke.

There are five members of the policy board with direct involvement in patient care and one woman, Mrs Julia Cumberlege, chairman, South-west Thames regional health authority.

Health Service Reported Underfunded for Past 9 Years
54500113 London THE DAILY TELEGRAPH
in English 9 May 89 p 4

[Article by David Fletcher]

[Text] The Health Service has been underfunded by more than L3 billion over the past nine years, the National Association of Health Authorities says today. The underfunding is based on the difference between what authorities have spent and increases needed to cope with medical advances and Government policies.

Its figures assume an extra one per cent a year is needed to pay for medical advances such as hip transplants or heart surgery and between 0.4 per cent and 1.3 per cent a year on the health needs of the elderly.

On this basis, the association estimates underfunding this year amounts to L490 million although it could be more depending on inflation.

It points out that inflation, already seven per cent, is now two per cent higher than the provision made to health authorities by the Government.

For every one per cent increase in inflation, health authorities will have to find an additional L130 million from their budgets to maintain services.

Mr Philip Hunt, director of the association, said underfunding was the main cause of difficulties faced by health authorities in the last few years yet little was said about it in the Government's White Paper on the future of the health service.

"It is vital for the Government to recognize and understand this history of financial pressures on health authorities if the reforms proposed in the White Paper are to be successful for the benefit of patients."

The association's calculations are likely to embarrass the Government in the midst of controversy over its health service reforms.

Mr Clarke, Health Secretary, told the Conservative Medical Society on Saturday: "In my judgement, the growth in money going into the service is probably at the limit of the capacity of the service to absorb it."

Mr John Appleby, association senior policy analyst, said: "Where is Mr Clarke's evidence for saving this? Health authorities would easily be able to spend more money."

—A campaign against quacks and bogus practitioners of alternative medicine was announced by doctors yesterday when they disclosed that cancer patients have died needlessly because they put their trust in alternative therapies.

More than 200 doctors have formed Quackbusters, a campaign against health fraud, in a backlash against the growing popularity of alternative forms of treatment including osteopathy, homeopathy, aroma therapy and various forms of unproven dietary treatment.

Dr Michael Baum, Professor of Surgery at King's College Hospital, London, said: "There are hundreds of patients who have been persuaded that they should be treated by alternative practitioners and some have died as a result of it."

"There is a powerful lobby for alternative therapies but some of us feel it is time to stand up and be counted."

Signs Indicate Deadly Seal Virus Returning
54500108 London THE DAILY TELEGRAPH
in English 22 May 89 p 7

[Article by Robert Bedlow]

[Text] Fears are growing that the deadly virus which wiped out thousands of seals in the North Sea last year has returned.

Patrols looking for dead seals have been set up around the Wash after a carcass was found floating in the sea at Blakeney Point, Norfolk, at the weekend, the second in the week.

A third common seal was found dying by holiday makers on the beach at nearby Hunstanton.

All carried the familiar symptom of a nasal discharge which suggests a fresh outbreak of the killer virus.

The only comfort for experts is that fishermen off the Norfolk coast have reported seeing seals "alive and well" and wearing orange tags which means they have been treated and survived.

Last year 17,500 North Sea seals were killed by the distemper virus, including two-thirds of the seal population in the Wash.

The bodies of two grey seals have been found on the Farne Islands, off Northumberland, and a dead grey and a common seal were seen floating, dead, off St Andrews, Scotland.

"A fresh tragedy could happen," said one expert. "We are within weeks of the pupping season."

Today the RSPCA seal unit at Docking, Norfolk, is to put up notices on the beaches, warning: "Seals are dangerous. Leave them alone. Keep children and dogs away from sick or dead seals."

Miss Allison Hutchinson, the unit's head nurse, said there had been no confirmation "so far" that the seals found dead and dying in Norfolk had died of the virus.

She warned: "Scientists predict it is going to happen again all over this year. Obviously we are worried."

Mr Joe Reed, warden at Blakeney Point, owned by the National Trust, said he had recently counted 252 seals compared with 700 at this time last year.

He said: "I would like to think we are not going to have another carnage this summer. Some seals should have immunity to it. I would be very surprised if they were all wiped out."

"The testing period will be in the pupping season next month when the seals are on the sand-banks and could cross-infect each other."

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